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ABSTRACT

This curriculum guide is designed to prepare nursing professionals to assess clients' needs and help both the doctor and clients. The guide contains seven units. Unit 1 introduces the basic concepts of growth and development that the student will need to understand as a basis for the remaining units. Each of the remaining six units discusses caring for a specific age or developmental group: the dying person, infants, children, adolescents, adults, and older adults. Each instructional unit includes some or all of the basic components of a unit of instruction: performance objectives, suggested activities for the teacher, extensions and options, information sheets, job sheets, practical tests, written tests, and answers to assignment sheet and written test. Academic skills training is combined with vocational training throughout the instructional materials. To assist teachers in identifying activities that promote basic skills development, a marking system of simple graphic symbols, or icons, is used to denote which of the following nine general basic skill categories is being emphasized: reading, science, creative thinking/problem solving, writing, oral communication, employability, math, interpersonal skills, and social studies. (YLB)

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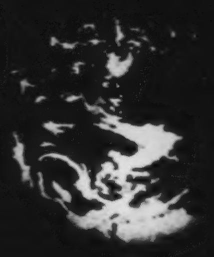
Growth and Development Through the Life Span



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Teacher Edition

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Growth and Development
Through the Life Span

Developed by the
Curriculum and Instructional Materials Center
for the Division of Health Occupations Education
Oklahoma Department of Vocational and Technical Education

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FOREWORD

This publication is one of ten comprehensive courses from the Practical Nursing series of competency-based curricula developed by the Curriculum and Instructional Materials Center. It is designed to prepare students for employment by systematically guiding the student's learning activities from the simple to the complex.

A major challenge in the development of these materials has been to identify content and learning activities which will prepare health care practitioners who can function effectively in the rapidly changing health care industry. To meet this challenge, we have relied heavily upon the input and support of health care industry professionals.

The information found in each of the courses in the Practical Nursing series will help the instructor plan and implement a systematic learning process which will ensure student mastery of specific outcomes. Although we believe these publications do provide a systematic, functional curricula, instructors are encouraged to localize, individualize, and supplement these materials to meet specific student/client needs.

Roy Peters, Jr.
State Director

Gail Pearson
State Supervisor
Health Occupations Education

Oklahoma Department of Vocational
and Technical Education

PREFACE

Today's nursing professionals must be prepared to function in many different roles, depending on each individual situation. However, one constant remains–nursing professionals must be prepared to assess clients needs to better help both the doctor and the clients. This requires a knowledge of growth and development. The information presented in *Life Span* helps prepare the student to perform this assessment task.

The first unit of *Life Span* introduces the basic concepts of growth and development that the student will need to understand as a basis for the remaining units. Each of the remaining six units presents a specific age or developmental group, beginning with the dying person in unit 2 and ending with the older adult in unit 7. Growth and development principles that will help the health care professional care for individual clients at that developmental level are presented.

As the population grows, the need for health care and for well-trained health care professionals becomes more and more vital. It is the hope and the intent of the developers of *Life Span* to provide the students with the skills and knowledge necessary to become these well-trained, highly-qualified health care professionals.

Ann Wolfe
Curriculum Development Specialist
Curriculum and Instructional
Materials Center

ACKNOWLEDGEMENTS

The Curriculum and Instructional Materials Center (CIMC) extends its appreciation to those individuals who played important roles in the development of *Life Span*.

A generous thank you is extended to the professional individuals who served on the *Life Span* curriculum task analysis and validation committees. Their contributions of time, talent, and knowledge in determining the content of this publication are appreciated.

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We also thank the State Director, Dr. Roy Peters, Jr., and the Assistant State Director, Dr. Charles O. Hopkins, for their continued support throughout this project.

The area vocational-technical school administrators who supported instructor participation in this project also deserve a special thank you.

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Oklahoma Department of Vocational and Technical Education Health Occupations Education staff who provided leadership and direction on this project also deserve special recognition.

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Special thanks go to Sulinda Moffett, Executive Director, and Dr. Charlotte Rappsilber, former associate Director, of Nursing Education at the Oklahoma Board of Nursing, Oklahoma City, Oklahoma, and to Dr. Lou Ebrite, Teacher Educator, University of Central Oklahoma, Edmond, Oklahoma, for their support and encouragement.

Only through the close cooperation of the Curriculum and Instruction Materials Center staff was this curriculum developed. Sincere thanks are shared with the CIMC coordinators.

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CIMC Coordinator

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Rusty Muns
Audiovisual Coordinator

Kathleen Kincaid
Resale Coordinator

Special appreciation is offered to the numerous other individuals on the CIMC staff who functioned in supportive roles throughout the development of the *Life Span* curriculum: Brenna Tillman, Publications Supervisor; Charlotte Tarkington, Format Specialist; Terri Tomson, CIMC secretary.

Special recognition and thanks are also extended to other individuals within the Oklahoma Department of Vocational and Technical Education: Darrell Stiles and his staff at the CIMC warehouse; Noel Wilcoxson, Frosty Foster, Diane Ensign, Danny Darrow, and the staff at the ODVTE Print Shop; Rose Primeaux and the staff in the Word Processing Center; and Bob Davis and the artists in the ODVTE Art Department.

Finally, a big thank you to all the other curriculum development specialists and technical writers who offered their support during this project.

Ann Wolfe
Curriculum Development Specialist
Curriculum and Instructional
Materials Center

USE OF THIS PUBLICATION

INSTRUCTIONAL UNIT

Life Span contains seven units. Each instructional unit includes some or all of the basic components of a unit of instruction: performance objectives, suggested activities for the teacher, Extensions and Options, information sheets, job sheets, practical tests, written tests, and answers to assignment sheets, and written test all of which are included in the instructor edition. The student workbook includes the objective sheets, information sheets, supplements, activity sheets, assignment sheets, and job sheets. Practical tests and written tests may be duplicated for classroom use or additional copies may be purchased by calling 1-800-654-4502, in Oklahoma 1-800-522-5810, ext. 589.

All of the unit components "zero in" on measurable and observable learning outcomes. Instructors are encouraged to supplement, personalize, localize, and motivate with these materials to develop a complete teaching/learning process.

Units of instruction are designed for use in more than one lesson or class period of instruction. Careful study of each unit of instruction by the instructor will help him or her determine the following:

- Amount of material that can be covered in each class period.
- Skills that must be demonstrated.
  - Supplies and equipment needed
  - Amount of class time needed for demonstrations
  - Amount of time needed for student practice
- Supplementary materials, including print and non-print media, that must be ordered.
- Resource people who must be contacted.

Objective Sheet (white pages)

Each unit of instruction is based on the performance needed for successful employment in an occupational area. Performance objectives are stated in two forms: unit objectives, stating the subject matter to be covered in a unit of instruction, and specific objectives stating the performance necessary to reach the unit objective.

The unit objective states the overall goal of the unit. It tells what the student should be able to do and what standard will be used to see whether the student can do it. Specific objectives outline the teaching sequence of the competencies required to meet the unit objective.

The objectives should be provided for students and stressed throughout the teaching/learning process. This will help answer any questions concerning performance requirements for each instructional unit. The objective can also help determine teaching strategies and instructional methods. Instructors should prepare for each unit by deciding how each objective can be best taught.

Instructors should feel free to modify, delete, or add objectives in order to meet the needs of the students and community. When objectives are added, the instructor should remember to supply the needed information, assignment and/or job sheets, and criterion test items.

Suggested Activities (pink pages) — **Instructor's Edition only**

This component is included only in instructor material. The suggested activities page assists the instructor during the preparation stage of the teaching/learning process by providing suggestions for delivery, application, and evaluation during the instructional process. The instructor should read the suggested activities before teaching the units to allow time to obtain supplemental materials, prepare audiovisual materials, and contact outside resources. Duties of the instructor will vary according to the particular unit.

References used in the development of each unit are listed in the "Suggested Resources" section, along with print and non-print media that may be used to teach the unit. These materials can be used by the instructor to supplement his or her knowledge of the subject area or to help students with particular interests or occupational objectives in the area covered.

Extensions and Options (white pages) — **Instructor's Edition only**

This component provides discretionary information, teaching aids, or additional material for teacher preparation. Some of the materials are written for the student to use if the teacher wishes to use them; others are for teacher information only. Sometimes the material covered on these pages is considered controversial. These pages are completely optional; the teacher decides whether or not to use them.

Information Sheets (green pages)

The information sheet provides "must know" content essential for meeting the cognitive objectives on the knowledge and comprehension level of Bloom's taxonomy of educational objectives. The information sheet serves as an excellent guide for presenting background knowledge necessary to develop the skills specified in the unit objective. It also may be used for coordination activities and advisory committees.

Students should read the information sheet before the information is discussed in class. Space is provided in margins for students and instructors to ad notes that supplement, localize, personalize, or provide motivation for each unit.

The information sheet may also include sections that provide additional information or alerts. These should be discussed carefully and thoroughly. **Notes** are short verbal additions to the information sheet that provide nice-to-know and decision-making information. A note may tell the student what to watch for or to consider at a given step. It may explain when a step may not be applicable. Notes offer guidance that may help the student understand the process and do it more efficiently. The words **Notice, Caution, Warning,** and **Danger** warn that the situation has the potential for injury, death, or property damage unless it is completed properly or avoided. **Notices** indicate that property damage could occur. **Cautions** warn that minor or moderate injuries could result. **Warnings** indicate that death or serious injury could result, and **Danger** indicates that death or serious injury will result.

Student Supplements (green pages)

Student supplements include material that provides additional information for understanding the topic. These supplements could include additional data the students might need to complete assignment or job sheets, specialized instructions for problem solving activities, or information in graphic form such as graphs, charts, tables, or forms. Supplements are not tested directly; however they do provide students with information that will assist them in meeting the performance objectives.

Transparency Masters (white pages) – Instructor's Edition only

Transparency masters provide information in a special way. The students may see as well as her the materials being presented, this reinforcing the learning process. Transparencies may present new information or they may reinforce information presented in the information or assignment sheets.

Transparencies should be made and placed in the notebook where they will be immediately available for use. Transparencies direct the class's attention to the topic of discussion. They should be left on the screen only when topics shown are under discussion.

Instructional Supplements (pink pages) — Instructor's Edition only

Instructional Supplements provide suggestions for teaching the basic skills included in each activity sheet, assignment sheet, or job sheet.

Activity Sheets (tan pages)

The purpose of activity sheets is to provide activities which support several objectives. Activity sheets vary greatly in their number and design from unit to unit. Some activity sheets deal with the student's attitudes and beliefs. These may ask rather personal questions and are only intended for each student's personal use. Some activity sheets may require the student to monitor his or her own actions or other personal variables over a period of time. Answer sheets may or may not be included. Activity sheet answers are on pink pages in the instructor's edition.

Assignment Sheets (tan pages)

Assignment sheets provide students with information and exercises to problems that address learning levels at or above the application level of Bloom's taxonomy. Assignment sheets provide written exercises for instruction and practice of a specific objective. The introduction to the assignment sheet explains how the assignment sheet relates to the subject area and unit objectives and may provide instructional information or refer students to another component for such information. Often, assignment sheets will contain case studies or story problems or other situations in which the student must analyze the circumstances and determine correct responses. Assignment sheets may be given to the students for completion in class or for homework. Answer sheets are provided.

Job Sheets (blue pages)

Job sheets are another important segment of a unit of instruction. The job sheets provide a list of equipment, tools, and materials needed to complete a manipulative or psychomotor skill. They describe a step-by-step procedure to complete each task or job. Diagrams, photographs, and illustration are provided to assist students in achieving the skill.

The instructor should demonstrate the procedure outlines in each job sheet. Further more, the instructor needs to localize the procedure according to the equipment and supplies available in the local lab or shop situation. Job sheets also furnish potential employers with a picture of the skills being taught and the performances they might reasonably expect from a person who has had this vocational instruction.

Practical Tests (yellow pages) – Instructor's Edition only

The practical tests are designed to assist the instructor in the evaluation of the psychomotor activities (job sheets). The practical test provides instructors with a valid mechanism for determining a student's level of ability in performing the procedure stated on the job sheet.

Written Test (yellow pages) – Instructor's Edition only

This component provides criterion-references evaluation of every objective listed in the unit of instruction. It is crucial to note that both paper-pencil and performance objectives must be evaluated. If objectives have been added, deleted, and modified, appropriate changes should be made on the test.

The test may be written or oral. It is recommended that the tests be divided into shorter tests covering three or four objectives at a time and given soon after those objectives have been covered. The acceptable response on a unit test, eighty-five (85) percent in most units, may be raised or lowered to fit the topic or students' ability levels. The percentage applies to the overall score, not to each individual question. The final unit grade should be obtained by using the "paper-pencil" score along with teacher evaluations of student demonstrations of the desired skills.

Answers to Assignment Sheets and Written Tests (pink pages) – **Instructor's Edition only**

These components are designed to assist the instructor in evaluation of student performance. They are available in the teacher's edition only.

PAGE NUMBERING

Each publication for the Curriculum and Instructional Materials Center is usually assigned a specific abbreviation. ***Life Span*** has not been abbreviated. Each unit will be recognized by the unit number in roman numerals. Each unit in the publication begins with page 1. Each page number gives the component name, book title, unit number, and page number within the unit. Since CIMC publications are loose-leaf, this system of page numbering was recently adopted so that pages from different manuals would not get mixed up. The page number for the objective sheet in The Skeletal System, which is unit V, would look like this:

> OBJECTIVE SHEET - **Life Span**
> **CIMC** - V - 1

METHODS OF DISSEMINATING MATERIAL

For best results, provide student materials for each student. Student workbooks contain objective sheets, information sheets, supplements, transparency masters, activity sheets, assignment sheets, and job sheets. Pretest, practical tests, and written tests are packaged separately for students, and can be stored until needed. Students should be allowed to take their materials home at the end of the course.

TEACHING METHODS

Keeping students motivated is a challenge. Supplement the objectives by providing the "why," personal experiences, and current information. If you are going to teach the material in a group setting, prepare for the unit be deciding the best way to teach each objective and allow for student input.

If you are going to follow the plan for individualized instruction, provide opportunities that will allow each student to become involved in planning for and being responsible for his or her own education.

COMPETENCY PROFILES

A competency profile is available for each CIMC publication. Competency profiles document student performance. The profile contains a list of the specific job competencies that a student should achieve before leaving the training program. Profiles should be distributed as required.

DISCLAIMERS, CORRECTIONS, AND SUGGESTIONS

Materials

Please note that suggested resources and references listed in this publication existed when the book was written and printed. The Curriculum and Instructional Materials Center (CIMC) assumes no responsibility for providing these materials and cannot ensure the availability of these materials because the individual vendors, manufacturers, and publishers may discontinue these products at any time.

Safety

CIMC wants to provide vocational instructors and students with materials that are accurate and effective. Although the CIMC strives to maintain the highest standards of development and production, oversights occasionally do occur. CIMC assumes no responsibility for any adverse effects resulting directly or indirectly from the information, suggested procedures, undetected errors, or the reader's misunderstanding of the information presented.

Corrections and Suggestions

If you find any errors in this or other CIMC publications, or have suggestions for improving their usefulness in vocational programs, please notify the CIMC staff. One easy way of pointing out errors is to make a photocopy of the affected page and to indicate the correction on the copy. Mail this information to the CIMC, where it will be used to correct the publication before the materials are reprinted.

To ensure that the material is updated on a timely basis, notify the CIMC of necessary corrections as soon as possible after discovering the error. Do not assume that someone else will notice the error and inform the CIMC; other users may be making the same assumption. Please send corrections and recommendations for improving this publication to the following address:

Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and
Technical Education
1500 West Seventh Avenue
Stillwater, Oklahoma 74074-4364

BASIC SKILLS IN CURRICULUM

Since its inception in 1969, the Curriculum and Instructional Materials Center (CIMC) of the Oklahoma Department of Vocational and Technical Education has provided quality, competency-based instructional materials for vocational training programs. During this time, the CIMC has been mindful of the importance of reinforcement (and sometimes remediation) of students' academic skills as they progress through vocational training, and has always included activities in its materials to enhance and promote use of these skills.

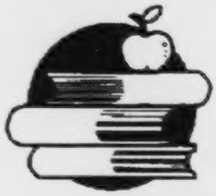
In response to changing job requirements, federal and state legislatures are enacting laws setting stringent basic skills requirements for nonvocational and vocational education. State legislatures are increasing basic skills accountability for teachers and school administrators. The recently enacted Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (P.L. 101-392) mandates academic skills development in vocational training. In addition, business and industry are delivering the message clearly to educators that vocational competence now requires increased strength in the basic skills.

As noted earlier, it is not new for CIMC materials to contain information and activities that develop basic skills competencies in students taking vocational training. What **is** new is the documentation or flagging of basic skills in CIMC materials, and further enhancement of basic skills activities. To accomplish this, the CIMC has developed a "Five Point Approach to the Integration of Basic Skills into the Curriculum." Following is a brief description of this process.

I. Basic Skills Icons

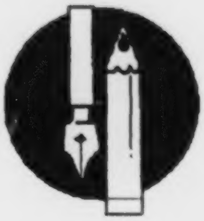
To assist teachers and students in identifying activities that promote basic skills development, the CIMC has implemented a marking system that uses simple graphic symbols, or icons, to denote which of nine general basic skill categories is being emphasized. These icons are located in the left margins of assignment, activity, and job sheets. The nine basic skill areas are as follows:

Reading Skills



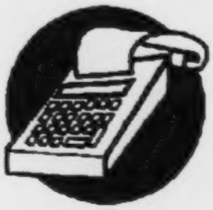
The activities identified by this icon deal specifically with developing reading skills in an applied, job-related context. These range from general information-gathering activities to tasks requiring use of specific technical reference materials.

Writing Skills



Tasks identified with this icon promote development of skills in written communication ranging in complexity from filling out forms to the written expression of ideas and concepts related to vocational exploration or performance.

Mathematics Skills



This icon identifies activities that develop vocationally related skills in computation; measurement and estimation; selection and application of appropriate mathematical process; and collecting, displaying, or interpreting data.

Science Skills

The science icon marks activities that are related to the development of skills in either the physical or biological sciences. These skills stress occupationally related applications of science and technology.

Oral Communication Skills

This icon identifies activities that promote development of effective speaking and listening skills. They include practice in such areas as speaking techniques, word choice, nonverbal messages, use of communication media, and using active listening techniques.

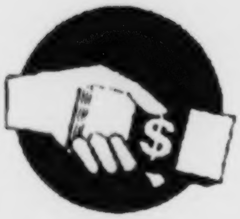
Interpersonal or Relating Skills

Activities that deal directly with skills in relating to others are marked with this icon. This includes areas such as group processes and dynamics, negotiation, dealing with conflict, and leadership/motivation.

Creative Thinking and Problem Solving Skills

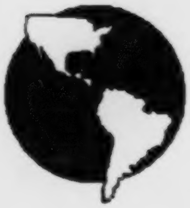
This icon identifies activities that stress development of higher-order thought processes such as problem identification and analysis, lateral thinking, evaluating alternatives/outcomes, and developing solutions.

Employability Skills



Activities marked with this icon relate to competencies required to obtain employment and develop a career. These competencies include specific occupational tasks and more general items such as career planning, job search, business etiquette, and maturing in one's work environment.

Social Studies Skills



This icon is used to identify activities that stress competencies in fields relating to human society and its distribution and relationships. This includes all the social sciences such as history, economics, geography, demographics, current events, cross-cultural studies, consumer issues, environmental issues, and ethical concerns in science and technology.

Some activities in the CIMC materials develop skills in more than one of the nine basic skill areas. In cases where the relative strengths of the skill elements are clearly discernable, the icon used is the one judged to be the primary, or the most heavily emphasized, activity. When there is no clear-cut difference between importance of skill area, multiple icons are used.

II. Enablers

Once the **general** basic skill activity has been identified by an icon, the CIMC takes the process one step further by indicating the **specific** skills that are addressed in an activity. This is accomplished by using enabling skills, or "enablers."

Lists of enablers, or specific skills required for each activity, have been developed at CIMC for each of the nine basic skills areas. The enablers have been grouped into sets of related skills under each icon. The list of general skill categories under each icon is as follows:

Reading Comprehension Skills
Research and Reference Skills
Functional Reading Skills

Language Skills
Composition Skills
Research Skills
Functional Writing Skills

Operation and Calculation Skills
Math Application Skills
Data Analysis and Display Skills
Functional Math Skills

General Science Skills
Life Science Skills
Physical Science Skills
Earth Science Skills

Oral Presentation Skills
Listening Skills
Interactive Communication Skills

General Relating Skills
Teamwork/Cooperative Skills
Leadership/Influencing Skills

Enablers
Cognitive Activities Skills

Job Search/Selection Skills
Job Acquisition/Development Skills

Information Analysis Skills
Social Studies Application Skills
Functional Social Studies Skills

Applicable enablers, grouped under their general categories, are listed beneath each icon in the left-hand margin of the activity, assignment, and job sheets. For example, an exercise that requires a student to conduct library research would make necessary the use of specific reading comprehension and research and references skills. The basic skills that the exercise is promoting would be depicted in the margin as follows:

Reading Comprehension Skills
- Gain information

Research and Reference Skills
- Select useful resources
- Find materials in library

[Text]

OBJECTIVE SHEET

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

I

INTRODUCTION

Today's care givers provide assistance for all ages of individuals. It is necessary to understand normal growth and development to assess needs and/or problems which may require intervention. Routine care is improved when the plans made for care are appropriate for age level expectations. Traditionally this has been done in the pediatric areas only but recently the developmental needs of people of all ages have begun to be recognized. This unit is a brief introduction to the concepts that are used to assess the development of humans in health care contexts.

UNIT OBJECTIVE

After completing this unit, the student will be able to assess the general aspects of growth and development of clients. The student will show these competencies by completing the Assignment Sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITE

None

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with basic concepts of growth and development to their definitions.
2. Match the general stages of development to their age ranges.
3. Distinguish among major theories of development by theorist, general framework and stages specified.
4. Select the word or phrase that completes statements about general principles of growth and development.
5. Select the word or phrase that completes statements about factors influencing growth and development.
6. Assess factors influencing growth and development of an individual. (Assignment Sheet 1)
7. Evaluate behaviors by applying the general principles of growth and development. (Assignment Sheet 2)

SUGGESTED ACTIVITIES

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

I

PREPARATION

- Order materials to supplement unit.
- Invite a guest speaker.
- Make a poster pertaining to the life span.
- Make a bulletin board.
- Devise games and/or crossword puzzles to reinforce terms, grouping, etc.
- Collect information that might be of concern to a care provider about the different cultural groups living in the area.
- **HOSA** Integration:
  - — Assist students in conducting a chapter service project on growth and development.
  - — Develop objectives for service project and identify a theme.
  - — Create a poster according to Extemporaneous Health Display rules. Display in highly visible areas.
  - — Plan a community or school health project that involves disseminating pamphlets about growth and development.
  - — Cultural/intercultural speaker

DELIVERY

- Discuss unit goal.

Objective 1: Match terms associated with basic concepts of growth and development to their definitions.

- Clarify difference between growth and development by use of examples.
- Have students define terms in their own words.
- Have students go through remainder of unit and highlight terms.

Objective 2: Match the general stages of development to their age ranges.

- Stress that different books will use slightly different groupings but the ideas of development are similar.
- Give examples of people for whom chronological age is different from their developmental age.

Objective 3: Distinguish among major theories of development by theorist, general framework, and stages specified.

- Discuss the difference between theory and fact as well as the usefulness of theories.
- Discuss Freud's Psychosexual Theory. Separate students into five groups. Assign each group a stage and determine possible fixations that may occur.
- Discuss Piaget's Cognitive Theory. Relate specific subjects in school or play activities with the operational stages of Piaget.
- Discuss Erikson's Psychosocial Theory. Discuss the importance of Erikson in identifying stages throughout the life cycle. Have students illustrate specific examples of positive and negative resolutions to the conflicts of each stage of Erikson.
- Use Transparency Masters 1, 2, 3, and 4
- Give students examples of situations where the theories will be useful in better assessment and planning.

Objective 4: Select the word or phrase that completes statements about general principles of growth and development.

- Identify the objective measures of growth such as height, weight, head circumference.
- Identify the developmental abilities such as language, production skills, social skills.
- Illustrate cephalocaudal and proximal-distal development using a doll or a picture of an infant.
- Use clothesline and cards or other visuals attached in order progressively to illustrate the idea of cephalocaudal (head-arms-hands-legs-feet).
- Discuss the progress of gross motor skills such as pinching.
- Stress that growth and development occur in spurts rather than gradually. Discuss the implications of awkwardness during greatest periods of growth.
- If possible, demonstrate how to read and use growth charts, such as those used in doctors' offices or clinics. Allow time for the students to practice using them.

Objective 5: Select the word or phrase that completes statements about factors influencing growth and development.

- Arrange a debate on the heredity/environment argument on influence of development.
- Discuss the effects of culture on health care. Have each student investigate aspects of one culture found in the local area and discuss how providing health care might be affected by the cultural beliefs. The material by Mary K. Rodswell listed in the Suggested Resources section contains information about health care and cultural differences.
- Invite a guest speaker to speak on one culture or on intercultural nursing.

APPLICATION

Objective 6: Assess factors influencing growth and development of an individual.

- Have students complete Assignment Sheet 1
- Have the class or small groups discuss the nursing measures necessary to meet the needs of each individual assessed if that person was in the hospital.
- View videotapes on the different stages of development and determine general classification. Compare them to the chart of principles of development.
- Visit a care center or community area such as a mall and identify differences in the developmental levels of the people observed. Record the examples of development you observe.
- Complete the activity sheet.

Objective 7: Evaluate behaviors by applying the general principles of growth and development.

- Have students complete Assignment Sheet 2
- Have students locate charts of growth and development to determine correctness of answers.
- Reinforce the concepts of cephalocaudal, proximal to distal and general to specific in development.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities if not previously done.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.
- Reteach and retest if necessary.
- Complete appropriate section of competency profiles.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Print Media

- Broadribb, Violet. *Introductory Pediatric Nursing*, J.B. Lippincott, East Washington Square, Philadelphia, Pennsylvania 19105.
- Freiberg, Karen L. *Human Development: A Life-Span Approach*, Jones and Bartlett Publishers Inc., 20 Park Plaza, Boston, Massachusetts 02116, (Editorial offices 23720 Spectacular Bid, Monterey, California 93940).

- Hill, Patty Maynard and Patricia Humphrey. *Human Growth and Development Throughout Life*, John Wiley and Sons Inc. 1982.
- Kreps, Gary L. and Barbara C. Thornton. *Health Communication*, Longman Inc., 1560 Broadway, New York, NY 10036, 1984.
- Pillitteri, Adele. *Child Health Nursing: Care of the Growing Family*, Little, Brown and Company, 1987.
- Rodswell, Mary K., School of Social Work, Virginia Commonwealth University. "Recognizing Cultural Differences" *Rest a Bit* by Richard Donner; Topeka, Kansas: Rest A Bit of Families Together Inc., 1988.

UNIT REFERENCES

- Broadribb, Violet. *Introductory Pediatric Nursing*, J.B. Lippincott, East Washington Square, Philadelphia, Pennsylvania 19105.
- Freiberg, Karen L. *Human Development: A Life-Span Approach*, Jones and Bartlett Publishers Inc., 20 Park Plaza, Boston, Massachusetts 02116, (Editorial offices 23720 Spectacular Bid, Monterey, California 93940).
- Gage, N.L. and David C. Berliner, *Educational Psychology* Third Edition, Houghton Mifflin Company, One Beacon Street, Boston Massachusetts 02108, 1984.
- Hill, Patty Maynard and Patricia Humphrey. *Human Growth and Development Throughout Life*, John Wiley and Sons Inc. 1982.
- Jones, Dorothy A., Mary Kolassa Lepley, and Bette A. Baker. *Health Assessment Across the Life Span*, McGraw-Hill Inc. 1984.
- Kreps, Gary L. and Barbara C. Thornton. *Health Communication*, Longman Inc., 1560 Broadway, New York, NY 10036, 1984.
- Pillitteri, Adele. Child Health Nursing: *Care of the Growing Family*, Little, Brown and Company, 1987.
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BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

OBJECTIVE 1

Match terms associated with basic concepts of growth and development to their definitions.

cephalocaudal — from head to the distal end of the vertebrae

conflict — a desire of opposites by the same person

cultural — patterns of social behavior seen in a group

development — progress toward mature abilities

discipline — method of training

distal — at a distance from the midline o trunk

environment — the surroundings of an individual, including social and cultural

growth — increase in size

heredity — those individual traits determined by genetics

proximal — near the midline or trunk

psychosexual — development of the mind to sexual maturity

psychosocial — development of the mind to social maturity

relationship — the connection between two people

resolution — a decision, solution

role — the expected social behavior of an individual

significant other — general term for the person who is closest to the client

socio-economic — both social and economic

theory — a system of accepted principles

OBJECTIVE 2 **Match the general stages of development to their age ranges.**

Several methods of classifying the stages of development exist. The stages that will be used in this writing are as follows:

- infancy — age birth to approximately 1 year
- childhood — age 1 year to approximately 12 years
- adolescent — age 12 years to 18 years
- adult — age 18 years to 60 years
- older adult — over 60 years

Physical and environmental factors may determine the change from one stage to the next regardless of numerical age. The age at which individuals pass from one stage to the next will probably vary.

OBJECTIVE 3 **Distinguish among major theories of development by theorist, general framework and stages specified.**

A theory is an idea which may be based on scientific evidence but is not a proven fact. Several people have developed theories that provide ways to look at growth and development. The theorists discussed here will be Freud, Piaget, and Erikson.

Freud's theory is called a **psychosexual approach.** The basis of all his stages is the libido, a life force that actively strives for pleasure. The name of each stage relates to the focus of pleasure at that time.

Freud's Stage	Stage of Development	Focus
Oral	Infancy	Mouth and sucking activity
Anal	Toddler	Control of bowel and bladder function
Phallic	Pre-school	Genital exploration and role of gender
Latency	School-age	Sex drives not allowed to be noticeably active
Genital	Adolescence	Seeks mature forms of sexual gratification

Freud felt that if the need for pleasure was not met during a stage, fixations would develop. A fixation causes the person to try to meet the need at a later time by behaviors which resemble the need that was not met. Examples of this include orally fixated people that smoke or chew gum or anally fixated people who are possessive or excessively orderly. This part of Freud's theory is not well accepted, but the contributions Freud made to identifying developmental stages helped make the study of development a recognized area of study.

Piaget took a totally different approach and considered development based on the way the person progressed in thinking skills. His theory is called a **cognitive theory.**

Piaget's Stage	**Age**	**Characteristics**
Sensorimotor	0–2 years	Senses and action form and begin to work together
Preoperational preconceptual	2–4 years	Learn by direct experience
Preoperational intuitive	4–7 years	Base thoughts on vague impressions and generalizations
Concrete Operations	7–11 years	Base thoughts on observations of the actions and interactions of real (concrete) objects
Formal Operations	11–adult	Can work with what is possible as well as the concrete; abstract thought occurs

By looking at the thinking abilities of the child, a care provider can make a better assessment of what is appropriate to use for diversionary activities for each child as well as appropriate disciplinary measures that the child can understand. Saying "your surgery is tomorrow" to a 3 year old may have no meaning, but to a 7 year old it is an understandable term that has meaning.

The theorist who identified stages throughout the life cycle is **Erikson.** His theory is a **psychosocial theory.** It is based on the development of the individual within the social setting of the human race. He views each stage as a conflict. Resolution of these conflicts varies from positive to negative and is frequently somewhere in between. Each conflict may be resolved at a later time, giving hope for improvement anywhere within the life span.

Erikson's conflicts are summarized on the chart below.

Stage of Development	**Erikson's Positive vs Negative Conflicts**
Infancy	**Trust** (optimism, warmth) **vs Mistrust** (sense of deprivation)
Toddler	**Autonomy** (self-control, adequacy) **vs Shame and doubt** (sense of inner failure)
Preschool age	**Initiative** (ability to direct own actions) **vs Guilt** (anxiety about being bad)
School age	**Industry** (skill competence) **vs Inferiority** (sense of inadequacy)
Adolescence	**Identity** (Image of self as unique) **vs Role confusion** (doubt about identity)
Young adult	**Intimacy** (close relationships formed) **vs Isolation** (distance from others)
Middle-aged adult	**Generativity** (concern for future generations) **vs Stagnation** (self-concern)
Older adult	**Ego Integrity** (satisfaction with life cycle) **vs Despair** (unacceptance of life cycle)

The care provider can use these conflicts to better understand the reactions of clients to situations. An adolescent who is trying to form an identity will have a harder time accepting drastic physical changes such as amputation than a younger child, and an adult may have to work on reforming an identity in the same situation.

OBJECTIVE 4

Select the word or phrase that completes statements about general principles of growth and development.

Growth refers to physical changes; therefore, growth changes are more easily seen than developmental changes. The two periods of greatest growth occur during infancy and adolescence.

Development is a complex process that is most simply identified by changes in action. Physical development refers to the ability of the individual to use his/her own body. In physical development toward adulthood the changes occur proximal to distal, general to specific and cephalocaudal. This means that control of body parts near the mid-line is gained before control of the parts at the ends of the extremities. Large muscle control comes before fine muscle control. Control of the head occurs first with arms next and finally control of the feet. These processes work together in all individuals including those who are developmentally delayed. The timing may not be the same, but the order will be, unless physical damage prevents it.

Both growth and development occur in spurts although some gradual changes may also be seen. The changes are usually not uniform. Development is determined as much by quality as by number of skills.

OBJECTIVE 5 **Select the word or phrase that completes statements about factors influencing growth and development.**

Consider all the things that have made you what you are today. It seems endless, doesn't it? There is no list that contains all the influences on growth and development, but there are some general influences that need to be identified by care providers in order to better assess and plan care for their clients.

Basically, there are two major factors that influence individual growth and development. They are **heredity** and **environment.** There has been much debate as to which one is the greater influence, but care providers must assess both to make accurate assessments.

Heredity is the set of plans made up by genetic structure. Most people recognize that characteristics such as skin color, eye color, hair color, height, and structure are determined at least partly by heredity. How often do we recognize other factors that are hereditary such as the likelihood of heart disease, diabetes, or cancer? While many diseases are believed to have both environmental and genetic causes, information regarding the genetic background of the individual helps identify people who may be more likely to develop certain illnesses.

Environment is everything that surrounds people including the physical, social, and cultural aspects. The culture in which a person lives is one of the biggest environmental influences. Because of many preexisting cultural stereotypes, people often expect members of certain cultural groups to behave in certain ways. In other words, expectations about a person's culture often determine how an individual from that culture is initially perceived by people outside the cultural group. In many cases these perceptions are untrue and unfair. A person's cultural group often contributes to social status, religious choice, political beliefs, and even life-span expectations.

Another aspect of environment that can have a huge effect on growth and development is socio-economic level. Low socio-economic conditions can have an effect on everything from nutrition and physical health to the quality of life that is expected. Like nearly everything else, the effects of low socio-economic conditions vary from culture to culture. People living in an inner-city slum will be more affected by low socio-economic conditions than people living in a rural area where food can be easily grown. The rural culture can probably meet many of its nutritional needs by growing its own food; the inner-city culture has no money to buy food and no way to grow it.

Family is another aspect of environment that has an effect on an individual's development. The type of family structure and the role the individual has in the family structure help determine who this individual will become. Method and application of discipline also affect the individual's development. Although some development can occur throughout the life span, a large part of who the individual will become is determined in the early years of the life span. A person who grows up in a loving, supportive family usually has an easier time developing the positive self-concepts needed to thrive in today's society. These people are usually more able to adjust to changes that occur in their own cultures and in society around them.

Illnesses may affect both physical growth and development. Care givers must be able to assess the possible effects of illnesses on clients to lessen the negative aspects.

The following list summarizes the factors that can influence growth and development and that, therefore, must be assessed by the care provider.

Heredity

- Coloring
- General build
- Sex
- Race

Environment

- Culture
- Socio-economic level
- Nutrition
- Family system
- Relationships
- Role
- Illness/Hospitalization
- Work
- Education

In each span of life it is necessary to look at the influences that cause people to grow and develop. As care providers, it is particularly important to look at these to be able to meet the needs of each individual. Whether these needs are specific nutritional needs or a particular way to administer medications, they relate to the life span concept. Health care today must consider prevention as well as cure; therefore, assessment of the hereditary and environmental risks that an individual may be exposed to or inherit must be made.

The changes in the life span cause changes in role and relationships. Therefore, the person's significant other may change. As a child, the parent is generally most important, while as an adult the spouse becomes more important. During each of the stages, specific stress patterns can be recognized, and adequate skills for coping must be present. The ideas contained here are a starting point for study of the individual throughout the life span.

Freud's Stages of Development

Freud's Stage	**Stage of Development**	**Focus**
Oral	Infancy	Mouth and sucking activity
Anal	Toddler	Control of bowel and bladder function
Phallic	Pre-school	Genital exploration and role of gender
Latency	School-age	Sex drives not allowed to be noticeably active
Genital	Adolescence	Seeks mature forms of sexual gratification

Piaget's Stages of Development

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Sensorimotor	0–2 years	Senses and action form and begin to work together
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Formal Operations	11–adult	Can work with what is possible as well as the concrete; abstract thought occurs

Erikson's Conflicts

Stage of Development	**Erikson's Positive vs Negative Conflicts**
Infancy	**Trust** (optimism, warmth) **vs Mistrust** (sense of deprivation)
Toddler	**Autonomy** (self-control, adequacy) **vs Shame and doubt** (sense of inner failure)
Preschool age	**Initiative** (ability to direct own actions) **vs Guilt** (anxiety about being bad)
School age	**Industry** (skill competence) **vs Inferiority** (sense of inadequacy)
Adolescence	**Identity** (Image of self as unique) **vs Role confusion** (doubt about identity)
Young adult	**Intimacy** (close relationships formed) **vs Isolation** (distance from others)
Middle-aged adult	**Generativity** (concern for future generations) **vs Stagnation** (self-concern)
Older adult	**Ego integrity** (satisfaction with life cycle) **vs Despair** (unacceptance of life cycle)

Transparency Master 4 - Life Span
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Comparison of Erikson's, Freud's, and Piaget's Theories

Stage of Development	Infancy (Birth–1 year old)	Toddler (1–3 years old)	Preschool (3–6 years old)	School (6–12 years old)	Adolescence (12–18 years)	Adult (18 and older)
Erikson (Psychosocial Development)	Trust vs Mistrust (Birth–1 year old)	Autonomy vs Shame (1–3 years old)	Initiative vs Guilt (3–6 years old)	Industry vs Inferiority (6–12 years old)	Identity vs Identity confusion (12–18 years old)	Intimacy vs Isolation (18–40 years old) Generativity vs Self-absorption (40–60 years old) Ego integrity vs Despair (60 years old and up)
Freud (Psychosexual Development)	Oral Stage (Birth–1 year old)	Anal Stage (1–3 years old)	Phallic (Oedipal/Electra) Stage (3–6 years old)	Latency Stage (6–12 years old)	Genital Stage (12–18 years old)	
Piaget (Intellectual Development)	Sensorimotor Stage (Birth–2 years old)	Preoperational Preconceptual Stage (2–4 years old)	Preoperational Intuitive Stage (4–7 years old)	Concrete Operational Stage (7—11 years old)	Formal Operational Stage (11–adult)	

ACTIVITY SHEET

Development of:
READING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS

- Introduce the assignment to the students by discussing why the reading and creative thinking/problem solving skills are important.

- Discuss with them the following skills that are relevant to this task.

  READING SKILLS

  — Analyze cause and effect

  — Draw conclusions

  CREATIVE THINKING/PROBLEM SOLVING SKILLS

  — Draw conclusions

  — Transfer knowledge/training to new situations

- If students have difficulty analyzing cause and effect:

  — Remind them that in today's society, we often want to know why something happened. Many times if we examine what is to be done, we will be able to determine, in advance, the effect, or result, of the action. This can help us repeat successes and avoid making the same mistake twice.

  — Provide opportunities for the students to practice recognizing cause and effect relationships by using examples and questions such as the following.

  Melissa practiced many hours and won the contest. Why did Melissa win the contest? (She practiced many hours.) What was the result of practicing? (She won the contest)

  Phillip followed the directions carefully so the model worked perfectly. What happened because Phillip followed the directions carefully? (The model worked perfectly.) Why did the model work perfectly? (Phillip followed the directions carefully.)

  — After the students become comfortable recognizing simple cause and effect relationships, have them make up their own cause and effect examples.

- If students have difficulty drawing conclusions:
  - Remind them that when they analyze a situation, perform a job task, or even discuss a television show or movie, they will often be asked to demonstrate understanding by telling what happened and explaining why it happened.
  - Provide opportunities for the students to practice drawing conclusions by describing events, such as a group of people crowded around a table that has a decorated cake with lighted candles on it, and asking them to decide what is happening. Have them explain why they reached the conclusion they did.
  - Remind the students that before they can draw conclusions, they must carefully observe what is happening and think about why it is happening. In more complex situations, it is often a good idea to take notes about your conclusions as you work.
- If students have difficulty transferring knowledge/training to new situations:
  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.
  - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

    A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

    Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

ACTIVITY SHEET

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

I

INTRODUCTION

Learning the factors which influence the growth and development of an individual is much easier than actually applying the information in real life, with real people.

DIRECTIONS

Read the scenario provided and answer the questions below. Be prepared to discuss your answers in class.

Reading Comprehension
- Analyze cause and effect
- Draw conclusions

Cognitive Activities
- Draw conclusions
- Transfer knowledge/ training to new situations

Jerry, age 6, has been admitted into the hospital for a broken leg. His mother states that she is concerned that he is rather slow. She states that he still wets the bed at night.

1. What question would be most useful in assessing physiologic causes of this child's bedwetting?

   a. "What age were you and his father when you stopped wetting the bed?"

   b. "What have you done to try and stop this?"

   c. "Would you like me to recommend a good counselor?"

   d. "Do you think this is a problem?"

Jerry is on a unit for pediatric orthopedic patients. His mother asks if his brother, who is 9, can come visit.

2. On what should you base your decision?

   a. It makes it difficult to have more children on the floor.

   b. Jerry's mother is rather insistent on this being done.

   c. Jerry's need to interact with family during hospitalization.

   d. None of the above

Jerry tells you that his mother lets him stay up and watch T.V. as late as he wants when he is home. His mother confirms this.

3. Which of the following factors needs to be considered in determining care?

   a. Rest

   b. Discipline

   c. Family values

   d. All of the above

INSTRUCTIONAL SUPPLEMENT

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

I

ASSIGNMENT SHEETS 1–2

Development of:
SCIENCE SKILLS
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS

- Introduce the assignment to the students by discussing why the science, oral communications, interpersonal or relating, and creative thinking/problem solving skills are important.

- Discuss with them the following skills that are relevant to this task.

  SCIENCE SKILLS

  — Investigate/apply principles of human development

  ORAL COMMUNICATIONS SKILLS

  — Apply active listening skills

  — Apply questioning techniques

  — Conduct/receive interviews

  — Communicate with clients/customers/patients

  INTERPERSONAL OR RELATING SKILLS

  — Interact with clients/customers/patients

  — Apply information to life experiences

  CREATIVE THINKING/PROBLEM SOLVING SKILLS

  — Transfer knowledge/training to new situations

- If students have difficulty investigating/applying principles of human development, remind them that it is important in any area of work or study to have consistent ideas or principles. Ask them to name things they expect a two year old to do that a newborn baby can't do. Ask them why the two year old can do more things. Repeat with other age ranges.

- If students have difficulty applying active listening skills
    - Remind the students that they spend much of their time listening to what other people are saying. Ask them if they have ever tried, unsuccessfully, to remember what someone said. Explain that this happens to almost everyone. Ask them why they think this happens.
    - Discuss with them the importance of listening carefully and attentively to conversations, discussions, and interviews. Explain that they should always have a purpose for listening and should always know what they are listening for. Suggest that they take notes or record interviews or discussions that they need or want to remember or use later. This way they will not forget key information.
- If students have difficulty applying questioning techniques:
    - Remind them to plan in advance what they want to ask during the interview by deciding what they need to learn from the interview.
    - Explain that it is always a good idea to have a written list of the questions they want to ask so that no important questions are omitted.
- If students have difficulty conducting interviews:
    - Remind them to either record the interview or take notes instead of relying on their memories.
    - Discuss with them the importance of being prepared when they go to interview someone. Suggest that they always take a written list of questions that they want to ask.
    - Also, remind them to thank the person for taking the time to talk to them.
- If students have difficulty communicating or interacting with client's/customers/ patients:
    - Remind them that one of the keys to getting along with and successfully communicating or interacting with clients, customers, or patients is treating these people with the same respect and attitude you would like to receive. Remind them that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are just that—theirs—and should not be imposed on other people. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if the beliefs seem strange or different.

- Remind them that one of the best ways to successfully communicate with anyone is to listen thoughtfully and carefully to the other person or person. Don't assume that you know what the other person is going to say because doing this often leads to misunderstandings.

- Have the students discuss ways they have successfully communicated with clients, customers, or patients. Briefly sum up the ways people have been successful.

- If students have difficulty applying information to life experiences:

  - Remind the students that what they are learning in school should have some application to everyday life. Tell them that as they study new topics or subjects they should think about how they will be able to use the information in their lives. Explain that sometimes the connection will be easy to identify—like studying how to budget money. Other connections will be harder to identify because some subjects serve as the basis for other skills.

  - Help the students relate some of the subjects and topics they are or have already studied to their own lives. Being able to see a reason for studying often helps the student learn the information or retain it longer.

- If students have difficulty transferring knowledge/training to new situations:

  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

  - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

  - A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

  - Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

ASSIGNMENT SHEET 1

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

I

Name ______________________________ Score ____________

OBJECTIVE 6 **Assess factors influencing growth and development of an individual.**

INTRODUCTION Heredity and environment both play a part in what a person is and does. This exercise is to help you determine the specific factors in an individual that have influenced what they are.

DIRECTIONS The following questions can be used on yourself or another individual as directed by the instructor.

HEREDITY

Race ___________________ Sex ____________

Name physical traits similar to the parent. Specify which parent. Example: eye color blue, father blue

Trait	Parent

Research medical history to determine diseases which occur frequently in this person's family. Example: heart disease, varicose veins, diabetes, etc.

Listening
- Apply active listening skills

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

General Relating
- Interact with clients/customers/patients
- Apply information to life experiences

ENVIRONMENT

Do the following on separate paper.

Family is the greatest influence during childhood. Have the person identify actions, thoughts, or values that reflect those of his or her family.

Using the following list, briefly describe how ten of the following things influenced the individual.

Climate
Education
Religion
Play
Nutrition
Crime

Friends
Reading
Group situations
Finances
Work
Social values

Illness
Discipline
Travel
Fashions
Political events
Social pressures

ASSIGNMENT SHEET 2

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

Name ______________________________ Score ____________

OBJECTIVE 7

Evaluate behaviors by applying the general principles of growth and development.

INTRODUCTION

Growth and development occur in an orderly manner. Timing may differ in individuals, but the order of progress remains consistent. Development is said to be cephalocaudal, beginning at the head and continuing downward; proximal to distal; and general to specific. It is so important to recognize that large muscle use occurs before fine muscle use. All of these principles are applied to each area of the body.

This assignment will help you apply these general principles of growth and development to recognize the usual progression of certain behaviors.

DIRECTIONS

Using the basic principles stated above, determine which activity would be seen first and label that activity as "1" within the group. Continue until each activity is numbered.

Group 1

a. Walk alone

b. Reach for objects

c. Raise head from the bed

d. Sits alone

e. Kicks a ball

Group 2

a. Stacks blocks

b. Ties shoelaces

c. Holds spoon

d. Writes signature

e. Holds a cup

Life Science

- Investigate/apply principles of human development

Cognitive Activities

- Transfer knowledge/ training to new situations

Group 3

a. Hops on one foot

b. Crawls

c. Square dances

d. Rides a bicycle

e. Walks holding an object

ASSIGNMENT ANSWERS

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

ASSIGNMENT SHEET 1

Answers will vary by student. Instructor should ensure students complete the Assignment Sheet.

ASSIGNMENT SHEET 2

Group 1

a. 4

b. 2

c. 1

d. 3

e. 5

Group 2

a. 2

b. 4

c. 3

d. 5

e. 1

Group 3

a. 4

b. 2

c. 1

d. 5

e. 3

WRITTEN TEST

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

Name ______________________________ Score ____________

OBJECTIVE 1

Match terms associated with basic concepts of growth and development to their definitions. Write the letter of the correct term next to the definition in the blank provided.

Part 1

_____ 1. Progress toward mature abilities

_____ 2. Those individual traits determined by genetics

_____ 3. The connection between two people

_____ 4. From the head to the distal end of the vertebrae

_____ 5 At a distance from the midline or trunk

_____ 6. Near the midline or trunk

_____ 7. A decision, solution

_____ 8. General term for the person who is closest to the client

_____ 9. Both social and economic

a. cephalocaudal
b. conflict
c. cultural
d. development
e. distal
f. environment
g. heredity
h. proximal
i. relationship
j. resolution
k. role
l. significant other
m. socio-economic
n. theory

Part 2

_____ 1. Method of training

_____ 2. The expected social behavior of an individual

_____ 3. A desire of opposites by the same person

_____ 4. Increase in physical size

_____ 5. Development of the mind to social maturity

_____ 6. A system of accepted principles

_____ 7. The surroundings of an individual, including social and culture

_____ 8. Development of the mind to sexual maturity

_____ 9. Patterns of social behavior seen in a group

a. cephalocaudal
b. conflict
c. cultural
d. discipline
e. distal
f. environment
g. growth
h. proximal
i. psychosexual
j. psychosocial
k. relationship
l. role
m. socio-economic
n. theory

OBJECTIVE 2 **Match the general stages of development to their age ranges.** Write the letters of the correct stages next to the appropriate age ranges in the blanks provided.

_____ 1. Age 12 years to 18 years

_____ 2. Birth to approximately 1 year

_____ 3. Over 60 years

_____ 4. Age 1 year to approximately 12 years

_____ 5. Age 18 years to 60 years

a. Infancy
b. Childhood
c. Adolescence
d. Adult
e. Older Adult

OBJECTIVE 3 **Distinguish among major theories of development by theorist, general framework and stages specified.** Write the letters of the correct answers in the blanks provided.

_____ 1. The theorist who identified the stages by the cognitive level of the child is ____?

a. Erikson
b. Freud
c. Maslow
d. Piaget

_____ 2. The theorist who identified the stages using a psychosocial approach is ____?

a. Erikson
b. Freud
c. Maslow
d. Piaget

_____ 3. The stage that does NOT fit in the following list is ____?

a. Sensorimotor
b. Latency
c. Formal Operational
d. Concrete Operational

_____ 4. The focus of pleasure for the genital stage is ____?

a. Control of bowel and bladder function
b. Mature forms of sexual gratification
c. Genital exploration and role of gender
d. Sex drives not allowed to be noticeably active

_____ 5. According to Freud, if needs of a stage are not met sufficiently what occurs is ____?

a. Fixation
b. Social deviation
c. Mental illness
d. Isolation

_____ 6. The age group that corresponds with formal operations such as abstract thought is ____?

a. 0–2
b. 4–7
c. 7–11
d. 11–adulthood

_____ 7. According to Erikson, if a conflict is not resolved positively ____?

a. No further development takes place
b. The person may resolve it at a later time
c. The person shows fixation at that stage
d. The conflict resolves itself negatively

_____ 8. According to Erikson, the primary conflict of the school-age child is ____?

a. Trust vs. mistrust
b. Industry vs. inferiority
c. Ego integrity vs. despair
d. Generativity vs. stagnation

_____ 9. According to Erikson, the primary conflict of the young adult is ____?

a. Trust vs. mistrust
b. Intimacy vs. isolation
c. Identity vs. role confusion
d. Autonomy vs. shame and doubt

_____ 10. According to Piaget, a child learns mostly by direct experience at age ___?

a. 3
b. 6
c. 8
d. 12

_____ 11. The first stage identified by Piaget is ___?

a. Formal operations
b. Preoperational
c. Concrete operations
d. Sensorimotor stage

_____ 12. The theorist that identifies stages throughout the life cycle is ___?

a. Piaget
b. Erikson
c. Maslow
d. Freud

_____ 13. According to Erikson, the primary conflict of the infant is ___?

a. Trust vs. mistrust
b. Industry vs. inferiority
c. Ego integrity vs. despair
d. Generativity vs. stagnation

_____ 14. According to Erikson, the primary conflict of the older adult is ___?

a. Trust vs. mistrust
b. Industry vs. inferiority
c. Ego integrity vs. despair
d. Generativity vs. stagnation

_____ 15. According to Erikson, it is most important for the child to feel competent in performing skills during the stage of ___?

a. Infancy
b. Preschool
c. School-age
d. Adolescent

OBJECTIVE 4

Select the word or phrase that completes statements about general principles of growth and development.

_____ 1. Growth is related to ___?

a. Age
b. Language skills
c. Ability to walk
d. Height

_____ 2. The greatest amount of growth occurs during ___?

a. Childhood
b. Adolescence
c. Adulthood
d. Older adulthood

_____ 3. Development is related to ___?

a. Arm length
b. Ability to reach
c. Head circumference
d. Weight

_____ 4. Children are able to first control the ___?

a. Hands
b. Arms
c. Feet
d. Legs

_____ 5. A father states he is concerned because his child seems to not be able to do all the activities, but seems to do some very well. The best response might be ___?

a. "Your child needs to be around other children more so she will fit in better."
b. "Some children are a little slower, but if you work with her she will catch up."
c. "Some children develop quality in one skill before increasing the number of skills."
d. "Well, do you think there is a problem?"

_____ 6. The action that would be expected to develop first is ___?

a. Picking up an object
b. Reaching toward an object
c. Turning an object over
d. Tapping one finger

_____ 7. A mother states she is concerned because her child has stopped growing the last two months. The best response might be ___?

a. "Has she been eating well?"
b. "Children grow in spurts. Would you like to see how she compares with others her age?"
c. "You need to have her see the doctor, only he can determine what may be wrong."
d. "Aren't kids funny? Has she ever done this before?"

OBJECTIVE 5

Select the word or phrase that completes statements about factors influencing growth and development.

_____ 1. Environment alone determines ___?

a. Illnesses
b. Height
c. Weight
d. Socio-economic level

_____ 2. The group living at a low socio economic level that is least likely to be able to meet its nutritional needs would probably be found in ___?

a. The suburbs
b. A rural area
c. The inner city
d. None of the above

_____ 3. Environment is everything that surrounds people including ___?

a. Physical aspects
b. Cultural aspects
c. Social aspects
d. All of the above

_____ 4. The environmental factor the health care provider is responsible for assessing and making plans to decrease negative impact on is ___?

a. Socio-economic level
b. Education
c. Hospitalization/illness
d. Family system

_____ 5. Which of the following is determined by heredity alone?

a. Length of hair
b. Eye color
c. Weight
d. Beliefs

_____ 6. Which disease is least likely to have hereditary origins?

a. Cancer
b. Heart disease
c. Diabetes
d. Pneumonia

_____ 7. Which of the following causes the greatest differences in physical growth as a result of socio-economic factors?

a. Nutrition
b. Climate
c. Role in family
d. Political influence

NOTE: Objectives 6 and 7 are evaluated on the job/assignment sheets in this unit. If you have not completed this component, see your instructor.

WRITTEN TEST ANSWERS

BASIC CONCEPTS OF GROWTH AND DEVELOPMENT

I

OBJECTIVE 1

Part 1	Part 2
1. d	1. d
2. g	2. l
3. i	3. b
4. a	4. g
5. e	5. j
6. h	6. n
7. j	7. f
8. l	8. i
9. m	9. c

OBJECTIVE 2

1. c
2. a
3. e
4. b
5. d

OBJECTIVE 3

1. d
2. a
3. b
4. b
5. a
6. d
7. b
8. b
9. b
10. a
11. d
12. b
13. a
14. c
15. c

OBJECTIVE 4

1. d
2. b
3. b
4. b
5. c
6. b
7. b

OBJECTIVE 5

1. d
2. c
3. d
4. c
5. b
6. d
7. a

OBJECTIVE SHEET

CARING FOR THE DYING PERSON

II

INTRODUCTION

The most difficult event for most people to deal with during the life span is death. Often care providers work in areas where death may occur at any time. In this unit, death will be discussed as a process that involves the care provider, the dying person, and all those associated with that person. Death has many ethical, legal and personal considerations which the care provider must be aware of when caring for the dying person.

UNIT OBJECTIVE

After completing this unit, the student will be able to provide care for the dying person and as well as for his or her family and friends. The student will show these competencies by completing the job sheet and written test with a minimum of 85 percent accuracy.

PREREQUISITES

Before studying this unit, the student will have successfully completed Unit I, Basic Concepts of Growth and Development.

SPECIFIC OBJECTIVES

After completing this unit the student will be able to:

1. Match terms associated with the dying process to their definitions.
2. Select the word or phrase that completes statements about the meaning of death for different age groups.
3. Match the steps of the grieving process to their characteristics.
4. Assess signs and symptoms of impending death.
5. Select basic nursing measures appropriate during the dying process.
6. Discuss legal/ethical issues related to death.
7. Describe post-mortem care.
8. Provide post-mortem care. (Job Sheet 1)

CARING FOR THE DYING PERSON

PREPARATION

- Order materials to supplement unit.
- Invite a guest speaker to discuss the dying patient.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation. Make a poster of the stages of grief.

- Devise games and/or crossword puzzles to reinforce terms or groupings.
- Make transparencies.
- **HOSA** Integration
  - — Assist students in conducting a chapter service project on the dying patient.
  - — Develop objectives for a service project and identify a theme.
  - — Create a poster according to Extemporaneous Health Display rules—display in highly visible areas.
  - — Plan a community or school project that involves disseminating pamphlets about death and dying.

DELIVERY

- Discuss unit objectives.
- Provide time throughout all unit activities for discussion of death and grieving.

Objective 1: Match terms associated with the dying process to their definitions.

- Have students highlight terms in their information sheets.
- Have students redefine terms in their own words.
- Review terms by having students make a statement related to the topic using the terms.

Objective 2: Select the word or phrase that completes statements about the meaning of death for different age groups.

- Separate class into small groups and assign each group a different age group. Have them present a skit that depicts the viewpoint of the age group.

- Have each class member interview people from different age group about general ideas of death.

- View the film *Coping with Death*. Have the students discuss the film.

- Ask three people of different ages who work with death to share their experiences. Have them discuss how they feel working with death has influenced their own ideas about death.

Objective 3: Match the steps of the grieving process to their characteristics.

- Arrange for a person from a health facility who works closely with dying clients to speak.

- Role play situations that exemplify the five stages of grieving.

- As a special project, assign books such as those by Kubler-Ross which give greater insights into dying.

Objective 4: Assess signs and symptoms of impending death.

- Do mock assessments in which the students describe what is expected to be found during the dying process.

- For a special project the class can make a doll showing the signs of death.

Objective 5: Select basic nursing measures appropriate during the dying process.

- Assign terminal patients to students as available during clinical placement.

- Obtain AORN Tape, *Caring: The Nature of Nursing* (Joy Ufema). Play and discuss in class.

- Present a skit showing what should be done for the dying patient.

- Discuss the student's feelings about touch at various times during the dying process.

- Use Student Supplement 1 to discuss hospice care.

Objective 6: Discuss legal/ethical issues related to death.

- Have a lawyer speak to the class on legal issues related to death. Special attention may be recommended in the area of the effect of living wills in the state.
- Have someone from an organ-sharing network speak to the class about organ donation. Discuss how organ donation is dealt with in the state and at area facilities.
- Obtain policy manuals and copies of state laws relating to the issues of living wills and organ donation. If available, obtain copies of living wills, advance directives, and organ donation forms that are recognized as legal.
- Stage limited debates on each issue. Assign the pro and con sides to increase understanding of viewpoints other than those previously held.
- Discuss national issues that relate to these areas. (Dr. Kavorkian's suicide machine for the terminally ill, Barney Clark and the artificial heart, transplants using animal organs, etc.)
- Discuss different religious views of death and dying. Have speakers from different religious backgrounds present the views as well as information relating to care of the dead.
- Student Supplement 2 summarizes some of the Oklahoma laws regarding death.

Objective 7: Describe post-mortem care.

- Review policies of local facilities for post-mortem care.
- Demonstrate skill on mannequin in laboratory.
- Visit a local funeral home or have funeral home personnel speak on recommendations for care providers.

APPLICATION

Objective 8: Provide post-mortem care.

- Review policies of local facilities for post-mortem care.
- Demonstrate skill on mannequin in laboratory.
- Visit a local funeral home or have funeral home personnel speak on recommendations for nurses.
- Use the Job Sheet to give students practice in providing post-mortem care.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel student individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities if not previously done.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.
- Reteach and retest if necessary.
- Complete appropriate section of competency profiles.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

- *Death.* Parents Magazine Films, Inc., 1975.
- *Coping with Death.* WGBY-TV PBS Video. Teenagers discuss death from their perspective.
- *Perspectives on Dying.* Concept Media, 1973.

Print Media

- Bandman, Elsie L. and Bertram, *Nursing Ethics in the Life Span*, Appleton-Century-Crofts, East Norwalk, Connecticut, 1985.
- Broadribb, Violet, *Introductory Pediatric Nursing*, J.B. Lippincott Company, Philadelphia, Pennsylvania, 1983.
- Cuming, Pamela, Widow's Walk: A Personal Journey Through Loss, Fear, Anger and Love. Crown Publishers, New York, 1981.
- Epstein, Charlotte, *Nursing the Dying Patient: Learning Processes for Interaction*. Reston Publishing Company, Reston, Virginia, 1975.
- Freiberg, Karen, *Human Development: A Life-Span Approach*, 3rd ed., Jones and Bartlett Publishers, Inc., Boston, Massachusetts, 1987.
- Hill, Patty Maynard and Patricia Humphrey, *Human Growth and Development Throughout Life: A Nursing Perspective*, John Wiley and Sons, Inc., 1982.
- Keane, Claire Brachman, *Essentials of Medical-Surgical Nursing*. W.B. Saunders Company, Philadelphia, Pennsylvania, 1986.
- Kohut, Geraldine Marasco and Sylvester, *Hospice: Caring for the Terminally Ill*. C.C. Thomas, Springfield, Illinois, 1984,
- Kubler-Ross, Elizabeth, *On Children and Death*, 1st Collier Books ed., Collier Books, New York, 1985.
- Kubler-Ross, Elizabeth, *On Death and Dying*, Macmillan Publishing Co., Inc., New York, 1969.
- Manning, Doug, *Don't Take My Grief Away From Me: How to Walk Through Grief and Learn to Live Again*. In Sight Books, Hereford, Texas, 1979, 1986.
- McCuen, Gary E. and Theresa Boucher, *Terminating Life: Conflicting Values in Health Care*, Gary E. McCuen Publishing, Hudson, Wisconsin, 1985.
- Munley, Anne, *The Hospice Alternative: A New Context for Death and Dying*, Basic Books, New York, 1983.
- Pillitteri, Adele, *Child Health Nursing*, Little, Brown and Company, Boston, Massachusetts, 1987.

UNIT REFERENCES

- Bandman, Elsie L. and Bertram, *Nursing Ethics in the Life Span*, Appleton-Century-Crofts, East Norwalk, CT, 1985.
- Broadribb, Violet, *Introductory Pediatric Nursing*, J.B. Lippincott Company, Philadelphia, PA, 1983.
- Freiberg, Karen, *Human Development: A Life-Span Approach*, 3rd ed., Jones and Bartlett Publishers, Inc., Boston, Massachusetts.
- Hill, Patty Maynard and Patricia Humphrey, *Human Growth and Development Throughout Life: A Nursing Perspective*, John Wiley and Sons, Inc., 1982.
- Keane, Claire Brackman, Essentials of Medical-Surgical Nursing, W.B. Saunders Company, Philadelphia, PA, 1986.
- Kubler-Ross, Elizabeth, *On Death and Dying*, Macmillan Publishing Co., Inc., New York, 1969.
- Pillitteri, Adele, *Child Health Nursing*, Little, Brown and Company, Boston, MA, 1987.

OBJECTIVE SHEET

CARING FOR THE DYING PERSON

II

OBJECTIVE 1

Match terms associated with the dying process to their definitions.

- **acceptance** — agreement with a statement or belief
- **anti-emetics** — medications given to treat nausea and vomiting
- **autopsy** — examination of a dead body to determine cause of death
- **burial** — placement of a body in a grave
- **Cheyne-Stokes** — respirations which alternate from slow and shallow (possible apnea) to rapid and deep
- **condolences** — statements of comfort or sympathy
- **cremation** — act of incinerating (burning) a body
- **death** — the point at which all vital functions have ceased; includes cerebral, respiratory and circulatory functions.
- **denial** — refusal to believe or acknowledge
- **depression** — sadness and despair
- **egocentric** — thinking centered on self
- **euthanasia** — bringing about a painless death
- **fantasy** — an idea or belief based on a wish
- **hospice** — health facility for care of the terminally ill
- **integral** — essential or necessary
- **meaninglessness** — a feeling that life is pointless and without value or usefulness
- **medical examiner's case** — death which requires by state or federal law an autopsy
- **mottling** — a multi-colored discoloration of the skin
- **post-mortem** — after death

- **rigor mortis** — stiffening of the body after death.
- **suicide** — the act of bringing death to one's self
- **technology** — the applications of science within a society
- **terminal illness** — sickness which is expected to end with death
- **thanatology** — the study of death and the dying process
- **uremic frost** — frosty appearance of the skin caused by salts being released through the skin's pores instead of through the kidneys

OBJECTIVE 2

Select the word or phrase that completes statements about the meaning of death for different age groups.

Death is the cessation of life. How one perceives death is based on that person's perception of life. Death and the dying process are considered the final part of the life span.

Infants and toddlers have very little perception of other people or of permanence. This makes death hold very little meaning to them. They are very egocentric and can only perceive changes in the meeting of their own needs or in routines of their life. The death that has the most impact at this age would be that of the primary caregivers—usually a parent or parents. For most children of this age, loss of the mother in the traditional nuclear family puts the child at risk of not meeting the developmental task of building trust. Families need to consider this when making the transition to another caregiver after death.

Preschool and young school-age children perceive the world with an "anything is possible" attitude. They are beginning to take on social values and ideas, but many are still not able to differentiate reality from fantasy. Death is frequently seen by this age group as temporary. The dead are just gone for a while.

Another perception that requires close attention when dealing with young children is that they may think that they caused the person to die or that their own death is punishment for something they have done. Since these children may be unable to distinguish reality from fantasy, any thoughts such as "I wish they would go away forever" may be interpreted by them as having resulted in the other person going away or dying. These children may then feel extreme guilt for all the sorrow caused by the death that they believe they caused.

The toddler or preschool child may also hear death referred to as sleep or rest. This may make the child afraid of going to sleep or afraid of the dark. When talking to young children, it is necessary to be careful with the types of stories told and with what is said about death. Children should be involved in the family grief process at the level that the individual child desires so that the family can maintain honest, open relationships.

A perception of the permanence of death usually is found by **later childhood**, about age 9. Most children of this age and on through adolescence are accustomed to new experiences, and death may be perceived as just another new experience. Many behaviors of **adolescents** are clearly "death defying." Many adolescents feel that they are invisible, invincible, and bullet-proof. Even though they know that death is permanent, they think it does not happen to someone their age. This may make acceptance of their own death or that of a friend their own age more difficult than most people acknowledge. It is essential that children and adolescents be able to communicate ideas of death with both peers and authority figures.

Young adults perceive life as potential. This age generally fears death for themselves or for anyone. The strength of religious views seems to be an integral factor in all ages as they deal with death, but generally, these beliefs have not become as solid a base for action in the younger adult.

It may be that the greatest fears during death are formulated through observation and social reinforcement at this time. The fear of pain, the fear of loneliness and abandonment, the fear of the unknown, and the fear of meaninglessness are commonly seen in adult patients who are dying. The continuing process of identity formation is threatened by death so meaning outside of self may be sought through religion, philosophy, or searching for truth. Efforts must be made to identify ways to meet individual needs in dealing with the fear of death.

Middle age adults perceive life as "doing." They are generally immersed in many roles, and death represents a loss in all areas. The death of a loved one presents the loss of one role while one's own death is perceived as a loss of all the roles. The person's own death represents a loss of all that is important. Recognition of having served a purpose in one of these roles is one of the ways that the feeling of meaninglessness can be prevented.

Similar perceptions are found in **older adults** who are frequently faced with death and generally acknowledge a great fear of losing everyone around them before they die. Fear of their own death is not as overwhelming. It is important for older adults to feel they have had a meaningful life. Because of their experiences with losing friends and family, older people may be "better" at dying. They may have made preparations before the event in areas such as finance, religion, and personal wishes. Some older people may have made plans years before their actual death while others never make plans.

When considering anyone's perception of death, it is necessary to ask the individual. No one can say "I know what you are going through." Each death and each person dealing with death are unique. It is essential that we learn from our own experiences, but these experiences must remain ours. Other people must be allowed to feel the fullness of the death experience in their own way.

OBJECTIVE 3 **Match the steps of the grieving process to their characteristics.**

The person who may be most responsible for making **thanatology** a respected area is Elizabeth Kubler-Ross. Her studies during the 1960's resulted in a theory of the stages of the grieving process. Originally, these stages were associated with adults who were dying. Then, they became the basis for coping with severe loss of any kind.

It is important to note that these stages are not meant to be used as labels for people, but should be used to help understand the process of dealing with death and with those people who are experiencing it.

The first stage is known as **denial.** This period is evidenced by reactions such as "No, not me" or "That can't possibly be right." This insulates the person from the feelings of loss.

The second stage is **anger.** People in this stage are angry at themselves and at family members, care providers, doctors and life in general. They resent those who are healthy and energetic as well as those who are connected in any way with the disease. These people are asking "Why me?". Anger may make the person verbally abusive and critical. Care providers usually have difficulty dealing with people in this stage because care providers feel that they are helpers, and this person isn't letting them help—isn't letting them make it "all better." It is necessary to realize that this anger is not personally-directed and is a very essential part of dealing with grief.

The third stage, **bargaining**, has the person playing "Let's Make a Deal" with death, illness, the doctors, and/or their God. They try to avoid death by promising to change, by putting it off until after a significant event, or by changing doctors. They have realized that death is coming to them, but they are saying to it "Yes, if I can . . . " or "I'll . . . if I can live."

The fourth stage, **depression**, is again a difficult stage for the care provider to deal with. The person experiencing grief sees the things he or she has lost or is losing. It is "Yes me . . . " with all the implications that death means to that person. There are no simple condolences to give. The care provider's role at this point is to assure the client that he or she is available if and when desired. Some clients withdraw completely for a time, but this may be necessary for them to cope with their feelings.

The last and final stage is **acceptance.** Clients at this stage have made peace in their own way. Acceptance does not mean giving up, but represents a decision made about the end of life. People at this stage should not be expected to be cheerful about death, but will probably be able to help make the decisions about the reality of death that need to be made.

It is important to note that each person who is grieving goes through these stages in different ways. It is likely that the care giver, each family member, and the dying person are at different stages at the same time. The interactions among the family members, friends, and dying person take place at many different stages, and the care giver must be prepared to deal with each of them. It is also important for the care giver to realize that people often revert to a previous stage or spend a very short time in one stage. These stages are identified to help the care giver better deal with death and the dying process. They are not designed to be used as measuring tools or as steps that clients and family members are forced to attain.

OBJECTIVE 4

Assess signs and symptoms of impending death.

The care provider is frequently in settings where death occurs. In recent years, the accepted place to die has been the hospital. However, care providers may also work in the home with terminally ill clients or in a hospice.

It is important to be able to assess the physiologic changes that are commonly found in the dying client so that appropriate measures can be taken. The care provider must be alert to the loss of function in the body systems. The symptoms given here are those which commonly occur. Such assessment will probably not be found in cases of sudden death but they may prove helpful with the expected death.

Objective signs are as follows:

- **Skin** — The skin becomes mottled with increasing cyanosis in the extremities. The face and lips become increasingly cyanotic, also. There is usually diaphoresis and the skin feels cool. Salts that the kidneys are not excreting may be released through the skin's pores causing a 'frosty' appearance (uremic frost).
- **Central Nervous System** — The level of consciousness gradually declines. Reflexes gradually weaken and then disappear. Loss of swallow reflex results in collections of secretions in the mouth and upper respiratory system. The client becomes restless. The temperature increases slightly. The pupils fail to react to light and finally become fixed and dilated. Inability to control voluntary movement occurs.
- **Special Senses** — The eyes may remain partly open. There is a loss in visual acuity. Response to verbal stimuli decreases. Hearing is thought to be the last sense to go.
- **Respiratory** — The respirations become irregular. Periods of apnea alternating with respirations of varied depths (Cheyne-Stokes) may occur. The alveoli are decreasing in capability for exchange which increases the amount of fluid causing noticeable rales then rhonchi. This is frequently referred to as the "death rattle."

- **Circulatory** — the cardiac output of the heart decreases which causes weakening of the pulse; poor circulation to the extremities results in pooling of fluid. Blood pressure and pulse both decrease. Heart sounds decrease and eventually stop. The weakening of the circulatory system causes many of the other systems to decrease functioning.

- **Gastrointestinal** — Decreasing circulation causes a decrease in peristalsis. Flatus and feces may accumulate and cause nausea and vomiting. Fecal incontinence increases due to loss of muscle tone.

- **Urinary** — The kidneys decrease output because of decreased blood flow. (If this occurs early in the process, the patient may experience uremic frost on the skin because the integumentary system tries to filter the waste not handled by the kidneys.) Urinary incontinence also increases.

- **Musculoskeletal** — The decrease of circulation to the peripheral tissues affects the ability of the muscles to do their work. There is a gradual relaxation of muscle tone with apparent sagging of tissues. Complete loss of movement, such as not being able to turn, may be noticed. Inability to vocalize may be due to both insufficient muscular strength and air flow.

Clinical death is determined when there is no spontaneous activity of the central nervous system, the circulatory system, and the respiratory system. Death is a diagnosis and usually must be made by a physician.

Subjective signs of death may make the care provider feel most helpless. The client may claim to see visions or make statements that seem inappropriate. Frequently the client will no longer perceive pain. Caution is advised, though, in withholding medication from the dying patient who merely cannot express the need for medication verbally. Care providers must carefully assess the individual needs at this time.

OBJECTIVE 5

Select basic nursing measures appropriate during the dying process.

Caring for dying clients is actually a challenge for the care provider because it provides them with the opportunity to use a variety of skills. The goal of treatment should be to make the clients comfortable while meeting both their physical and their psychological needs.

Dying patients should be bathed enough to keep them clean and dry but not as a priority over comfort. The diaphoresis may become a challenge, and gentle, tepid, partial baths, which tire the patient less, may be better than the routine bed bath.

The patient may complain of being hot, yet the skin is cool. A simple sheet over the patient is usually enough. Care should be taken not to tuck the end of the sheet too tightly. Good air circulation is also helpful. Frequently family members feel that the client is cold since the skin is cold, and it is necessary to explain that the client is not able to cool well by sweating at this time. They may also need to know that a slight temperature elevation is expected. Watch for signs of removing covers or huddling to stay warm in patients who cannot communicate verbally.

The client should be closely monitored for loss of reflexes since changes may need to be made in food or fluid intake. Slight elevation of the head or turning the head to the side provides for fluid drainage.

It is helpful to the client with decreasing visual acuity for the room to be well lit and for other people to stand close to their head. It may also be helpful to obtain a doctor's order for artificial tears since the eyes may dry.

Hearing is considered the last sense to go; therefore, it is of utmost importance that the care provider communicates verbally with the client about all procedures. Family members may also need to be cautioned that whispering as though the client isn't there is not in the client's best interest. Frequently, the loss of the ability to respond only means that the client has lost the ability to send out messages. It does not necessarily mean the client can no longer hear.

Monitoring respirations is, of course, necessary. Slightly elevating the head may make it easier for some clients to breathe, but may not be best for others. Elimination of excess fluid by suction may become necessary.

Blood pressure and pulse also need to be monitored. It may become necessary to use a Doppler for blood pressure due to the poor circulatory status.

Food intake should be determined by the physician, but it is necessary to document changes that may affect any diet changes. Anti-emetics may become necessary. The care provider should be alert because absorption of injections is probably slow. One method that may be considered if skin integrity is poor is to use Z-tract injections. This does not necessarily increase the speed of absorption, but may decrease the amount of medication lost through the injection tract.

One part of basic care that is frequently forgotten in the dying patient is oral care. Patients are secreting fluid as well as waste products in this area. This is especially true with renal failure. Frequent swabs with mouth wash or lemon-glycerine should be done. This is a mutually beneficial nursing action.

Incontinence of any type is irritating and decreases the client's self-esteem. Make regular checks and clean the patient as needed. Intake and output should be maintained. An amount less than 30cc per hour, if the patient is catheterized, indicates renal shutdown.

If the patient is unable to move alone, it is necessary to reposition him or her frequently. Gentle range of motion may have some benefits in decreasing pooling of fluid. It is necessary to consider many positions rather than just side—back—side. Arms and legs may need alternate elevation. All positions must take into consideration any preference of the client. Caution must be used to prevent further loss of skin integrity.

Pain prevention is another nursing priority. The patient may not be able to request pain medication, yet pain relief is necessary. Concern that narcotic use may produce addiction is unfounded at this time. However, if large amounts of pain medication are used, careful assessment and evaluation of respiratory function must be made frequently. One of the unique medications that is given to the dying client is called Brompton's solution. It combines morphine, cocaine, and an aromatic elixir. Various facilities have similar mixtures. The amount of pain relief should be determined by the client and the physician.

Touch is an individual matter. It is necessary to respect the patient's preference in this. Many people feel that holding the dying person's hand is the only way to prevent the aloneness which is feared so much in death. However, there are people who prefer not to be touched, even in a time such as this. If you can, ask. You may need to ask the family or follow their lead in this matter. If there is no one with whom to consult, handle the situation with dignity and compassion to the best of your ability.

Emotional care must be emphasized during this time. Even though the emotional needs of dying patients can usually be best met by family, the care provider must make herself/himself available. Arrange to spend time with the patient. Focus on the present and help make the most of each day. Remember that the patient should be the one to set the pace of your relationship.

The patient may have emotional needs that only the family can meet at this time. Allow the family to spend as much time as possible. Provide privacy for the client to spend time with family. Plan a place for the family to gather after death has occurred. It may be necessary to ask if the family, or especially the closest family member, wants to be with the client during and after death. Assist with any arrangements that are needed. Answer questions honestly. Remember that each family member is responding to this event in a unique way.

The care provider and the family are also responsible for assessing the spiritual needs of the client at this time. Notify the appropriate person to meet the religious needs of the client. Provide for the patient's religious belief and practices, even though they may differ from your own.

Respect the dying person's wishes. Allow dying clients to express their feelings at all times. Be open to questions about death. No one knows all the answers, but if you answer with honesty and respect, you will probably meet the client's needs.

OBJECTIVE 6 **Discuss legal/ethical issues related to death.**

In years past, death occurred without much human interference. Now new technology and medical advancements allow us to prolong life. There are many ethical issues that must be considered in regard to prolonging life. With each ethical issue there are increasing legal implications that require attention. It is important to remember that the law generally reflects the will of the majority; therefore, the beliefs of some of the people may not be recognized.

Euthanasia literally means good death. The modern phrase for this is "mercy killing." For some there is no "good death" because only life has value. For others "good death" can be achieved in varying ways. There are varying viewpoints on this issue and it is one that care providers must face and consider.

There are two types of euthanasia, active and passive. In active euthanasia steps are taken to bring about death more quickly while in passive euthanasia the person is allowed to die without steps being taken to prevent it. The courts at the present time have held that active euthanasia is a form of murder. Passive euthanasia is not uncommon in health care today.

Euthanasia brings up many questions. Who makes the decision to allow a person to die? When is it right to save a life, and when is it wrong? Is life itself the ultimate, or does quality of life make a difference? If quality does make a difference, who decides what "quality" is? These are just a sample of the kinds of ethical questions being asked.

Passive euthanasia is practiced in many ways in America today. "No code," "Do not resuscitate," and similar orders are found on the client's charts in many health care facilities. Most states require that the patient, the family, and the doctor (or a combination of these) sign documents requesting orders of this type. The decision of a patient to not receive treatment for a terminal illness is also considered by many to be a form of passive euthanasia. The methods used to maintain life in terminal or hopeless patients are a continuing controversy that is often settled in court on a case by case basis.

Removal of life support measures after they have been instituted is considered by some to be passive euthanasia and by others to be active euthanasia. State law generally decides which it is legally, and facility policy may be even more definite. Even though most care providers have a personal opinion in this area, they must realize that the law and facility policy must be followed or severe consequences will probably result.

Living wills and advance directives are documents telling others the preferences of a person regarding euthanasia. It is important to become familiar with the state law, or lack of one, which validates these documents. This also brings up the question of how people without living wills will be treated differently should the written document be the only way to bring about lawful euthanasia.

Another issue related to death is suicide. Suicide is taking actions that cause one's own death. The incidence of suicide is increasing, and care providers should be prepared to meet the needs of the client and/or family in cases of suicide or attempted suicide. Most of the judgments made today about suicide are ethical rather than legal. Suicide as a form of euthanasia is presently being brought before the courts.

The role of the care provider in dealing with suicide is to be able to recognize behaviors which may indicate a risk of suicide, provide treatment for clients after attempted suicide, and provide support for those grieving due to the suicide. Some cultures believe suicide is morally wrong while others believe it is preferable to "losing face" in the community. Each suicide must be treated as uniquely as any other death.

Another area where ethical questions have been raised is the area of organ donation. Many religions feel that the body is holy and must be complete at burial or cremation. The argument that other lives can be saved by organ donation should not be forced on the unwilling. Organ donation is a very personal matter. At this time, better information needs to be made available to the public on the criteria and mechanics of organ donation. The care provider must be conscious of both state and facility requirements for organ donation.

The care provider must work within personal and medical ethics while respecting the beliefs of the individual and the law. Technological and medical advances will continue to raise ethical and legal questions. It is important for the care provider to be informed of the legal and ethical questions encountered in health care today.

OBJECTIVE 7

Describe post-mortem care.

The dignity of the person does not end with death. Therefore, the same respect shown to the client when he or she was alive should be given after death. Care of the body after death must be handled in a caring, dignified manner. Post mortem care varies slightly in each facility. It is important to determine any special needs before beginning the post mortem procedures. For example, written permission is usually required if the family desires an autopsy, and it should be obtained at this time. In some cases the autopsy may be required by law. Care providers must be aware when the law requires autopsies so that the proper arrangements can be made.

Many facilities specify that post-mortem care must begin within one hour of death. If it doesn't, rigor mortis may begin which makes positioning and cleaning more difficult.

The following is a general outline of post mortem care. The body is cleansed and placed in a supine position with the head of the bed slightly elevated. In most facilities, tubes and catheters may be removed unless an autopsy is ordered. The eyes are closed. Clean dressings are applied along with a clean gown. The linens should be changed. After care, the family may wish to view the body. A care provider should remain available for the family.

To move the body, it is helpful to use a stretcher made especially for transportation to the morgue. This type of stretcher is designed so that the body is placed into a sunken area of the stretcher and what looks like an empty stretcher folds to cover the body. This helps prevent trauma to other clients and families as the body is being transported.

Proper identification is a major concern. Tagging of the body is done according to facility policy. Valuables should be removed and packaged according to family wishes and facility policy. They may be given to the family or sent with the body depending again on facility policy.

The nurse must document all activities that were part of the post mortem care. It is important to note the disposition of all of the patient's belongings and to record the specific mortuary or morgue to which the patient's body was transferred. It is necessary for the nurse to document the time at which pulse and respirations ceased, the name of the doctor who certified the death, and any actions that were taken.

One recommendation before attempting post-mortem care for the first time is to obtain assistance. This not only makes working with the body easier, but also provides emotional support.

Hospice Care

In previous centuries a hospice was a place for travelers to get rest on a journey. This name has been adopted by health facilities that function to provide care during the journey into death.

Most hospices are exclusively for the terminally ill. Care may be given within a facility or may be delivered at home. Care includes provision for emotional, physical, social and spiritual needs. One of the similarities to hospitals is that care is provided 24 hours every day.

The patient is in a home atmosphere or may be in his/her own home. The family can visit and stay with the patient at all times. The family participates actively in the care with supervision by health professionals. The patient has more control of care than in a conventional hospital. This may mean that a hospice staff will allow the patient to choose to die at home under general support by the staff. This type of care is usually less expensive than hospital care and is frequently based on ability to pay.

There are disadvantages for some patients. The care is less acute. This may cause some patients to be fearful that adequate care will not be given. Others fear that they are more likely to die alone. Patients must be well informed when making the choice to participate in hospice care just like any other treatment modality.

The address to write for information about hospice is:

The National Hospice Organization

765 Prospect St.

New Haven, CT 06511

The list on the next page gives hospice facilities in Oklahoma.

HOSPICE FACILITIES IN OKLAHOMA

Ada	Hospice of Pontotoc
Ardmore	Cross Timers Hospice
Bartlesville	Jane Phillips Hospice
Duncan	Chisholm Trail Hospice Organization
Enid	Garfield County Hospice Association
Lawton	Hospice of Lawton Area
Muskogee	Muskogee VA Palliative Care Program
Oklahoma City	Family Hospice of Greater Oklahoma City
	Hospice of Oklahoma County
	Mercy Hospice
Ponca City	Hospice of Ponca City
Poteau	Eastern Oklahoma Hospice
Seminole	Seminole Hospice Program
Stillwater	Judith Karman Hospice
Tulsa	Hospice of Green Country Incorporated
	St. Francis Hospice
	St. John Hospice Program
Watonga	Blaine County Hospice

Oklahoma Medical Examiner Cases

Medical examiners in Oklahoma have jurisdiction in the following types of deaths.

- death by violence, including accidents, suicides, and homicides
- death by suspicious, unusual, or unnatural means
- death after unexplained coma
- death that is unattended by a licensed medical or osteopathic physician (attended in this context means under the care of, not an actual physical presence)
- death that is medically unexpected and that occurs in the course of a therapeutic procedure (In this type of death "all apparatus of any type which was utilized in the therapy of the patient at the time of death . . . must remain in place as they existed at the time of death and may not be disturbed or moved until and unless permission from the medical examiner is obtained.")
- death while in penal incarceration
- death that is related to a disease which might constitute a threat to public health
- death in which the body is to be cremated, buried at sea, transported out of state, or made unavailable for further pathological study

Transplants

Although signing a driver's license or other statement of intent is helpful, the requirement for organ donation is that "the next of kin has been consulted and consents." It should be pointed out that this is the test with or without the signed statement of the donee on any type of form. A helpful resource to consult can be found in the Organ Sharing Network, 5801 Broadway Extension, Oklahoma City, Oklahoma, phone 405-840-5551.

Kübler-Ross
Stages of Dying

STAGE	VERBAL BEHAVIORS	PHYSICAL AND EMOTION BEHAVIORS
DENIAL	"No, not me."	Avoids reality
ANGER	"Why me?"	Abusive, irritable
BARGAINING	"Yes, if I can . . ."	Promising, delaying
DEPRESSION	"Yes, me"	Withdrawal
ACCEPTANCE	"I am dying."	Makes plans and decisions

INSTRUCTIONAL SUPPLEMENT

CARING FOR THE DYING PERSON

II

ACTIVITY SHEETS 1–2

Development of:
WRITING SKILLS
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
SOCIAL STUDIES SKILLS

- Introduce the assignment to the students by discussing why the writing, oral communications, interpersonal or relating, and social studies skills are important.

- Discuss with them the following skills that are relevant to this task.

  WRITING SKILLS

  — Use standard grammar and correct spelling, punctuation, and capitalization

  — State ideas clearly

  ORAL COMMUNICATIONS SKILLS

  — Apply active listening skills

  — Apply questioning techniques

  — Conduct/receive interviews

  INTERPERSONAL OR RELATING SKILLS

  — Identify personal values/attitudes

  SOCIAL STUDIES SKILLS

  — Analyze social issues

  — Analyze social impact of science/technology

- If students have difficulty using standard grammar and correct spelling, punctuation, and capitalization:

  — Discuss with the students why it is important to use standard grammar and correct spelling, punctuation, and capitalization. The discussion should include that it is difficult to read and understand incorrectly written materials and that correctly written items will be taken more seriously by readers.

- As you read items written by the students, make a list of the most common grammar, punctuation, and capitalization errors. Review these with the class or with the individuals.

- Help the students develop a checklist to use as they write, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.

- Have the students work with partners or in groups and review each others' writing. Allow time for the students to discuss the comments with their partners or groups.

- Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.

- If students have difficulty stating ideas clearly:

  - Remind the students to decide in advance what ideas they want to convey and who their audience is. Knowing about the intended audience is important because it helps determine how to present the ideas most clearly.

  - Explain that as they do their research, they should begin to decide how to best present their ideas to their audience. Some possible methods include written reports, charts, graphs, diagrams, etc. Remind them that the intended audience should influence how the material is presented (very simple with lots of pictures for children, a great deal of background information for people who know a little or nothing about the subject, and little background with more complex information for experts).

  - Have the students work with a partner or in a small group. Provide time for the students to share their ideas with each other and make suggestions as to ways to make the ideas more clear.

  - Remind the students that careful preplanning and the use of correct grammar, spelling, punctuation, and capitalization are especially important if their ideas are to be clearly understood by the intended audience.

- If students have difficulty applying active listening skills
    - Remind the students that they spend much of their time listening to what other people are saying. Ask them if they have ever tried, unsuccessfully, to remember what someone said. Explain that this happens to almost everyone. Ask them why they think this happens.
    - Discuss with them the importance of listening carefully and attentively to conversations, discussions, and interviews. Explain that they should always have a purpose for listening and should always know what they are listening for. Suggest that they take notes or record interviews or discussions that they need or want to remember or use later. This way they will not forget key information.
- If students have difficulty applying questioning techniques:
    - Remind them to plan in advance what they want to ask during the interview by deciding what they need to learn from the interview.
    - Explain that it is always a good idea to have a written list of the questions they want to ask so that no important questions are omitted.
- If students have difficulty conducting interviews:
    - Remind them to either record the interview or take notes instead of relying on their memories.
    - Discuss with them the importance of being prepared when they go to interview someone. Suggest that they always take a written list of questions that they want to ask.
    - Also, remind them to thank the person for taking the time to talk to them.
- If students have difficulty identifying personal values/attitudes:
    - Remind the students that everyone has beliefs, or values, and attitudes that are formed as they grow up. These often change as the person encounters new experiences, new friends, new jobs, etc. Discuss why it is important for each person to identify what it is he or she believes. Remind the students that everyone's personal beliefs should be respected. Have volunteers share some of their personal values or attitudes.
    - Lead discussions on topics that can help students think about what they believe. Do not force students to share personal beliefs. Do encourage all students to think about what it is they believe.

- If students have difficulty analyzing social issues
  - Lead the students in a discussion of the social issues relevant to the assignment. Help them understand that most of the social issues we face today do not have absolute right or wrong answers. This is why there are no easy solutions.
  - Help the students organize an informal debate. Remind them that most issues have at least two sides. Stress the importance of listening to all sides, studying the issues, and forming personal opinions. Also encourage all students to be respectful of others' viewpoints. Remind them that everyone has the right to his or her own beliefs. Encourage students with special interests in some of the issues to study them further.
- If students have difficulty analyzing the social impact of science/technology
  - Ask the students to name and discuss ways that science and technology effect their lives. Ask if they can name any advances that have become controversial. Some possible topics to introduce, if the students don't think of any, include the use or disuse of life support machines, the use of suicide machines, organ transplants, genetic engineering, and artificial insemination. Other possible topics could be use of pesticides, needs of people for more land versus endangered animals, etc.
  - Any discussions should help the students realize that issues such as these have more than one side. They should also see how important it is that they study issues and form their own opinions. Encourage students with particular interests to do further research.

ACTIVITY SHEET 1

CARING FOR THE DYING PERSON

II

Legal and Ethical Aspects of Death

Part I—Personal Ethics

Circle your choice.

1. I (agree/disagree) with active euthanasia.
2. I (agree/disagree) with passive euthanasia.
3. If I were dying I (would / would not) want every possible life sustaining method used.
4. If the person I love the most were dying, I (would / would not) want every possible life sustaining method used.
5. I believe (that any life is better than death / in quality of life).
6. As a care provider I (could / could not) follow "no code" orders with a clear conscience.
7. Brain death (should / should not) be the deciding factor in whether to remove a respirator.
8. I (would / would not) want a living will.
9. Suicide is (never right / understandable in some situations).
10. I (would / would not) donate organs.

Part II - Policies and Laws

1. Does the local facility allow "no code" or similar action to be used? If so, who must sign the documents?

____

____

____

____

Language
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Listening
- Apply active listening skills

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews

General Relating
- Identify personal values/attitudes

Functional social studies
- Analyze social issues
- Analyze social impact of science/technology

2. What technologies which prevent death are most commonly used in this facility?

3. Does facility policy have guidelines for the removal of respirators? If so, give some of the guidelines

4. Does state law allow living wills? ______

5. Are there any state laws relating to suicide? If so, give examples.

6. In your state, when are autopsies required by law?

7. Note any other particulars of law which relate to the issues discussed in this unit.

Part III

Using the questions on personal ethics, interview 10 people to determine viewpoints that are most common in your area. Note the age groups of the individuals you interview. Summarize your findings below.

ACTIVITY SHEET 2

CARING FOR THE DYING PERSON

INTRODUCTION

Americans are both surrounded by and isolated from death. On one hand, newspapers, television, and the radio report deaths from accidents, illness, murder, famine, flood, and war. However, most people do not have regular contact with death.

Most people find the thought of their own deaths very frightening. As a result, the majority of people avoid thinking about dying. However, everyone eventually dies. To avoid thinking about your own death is to avoid facing an event that will ultimately happen to you.

As a care giver, it is especially important to examine and evaluate your feelings about death and dying. This will help you cope with the death and the grief you face when your client's die. As care givers you must remember that each client's death has an effect on you.

Something that each care giver must recognize and deal with is called **anticipatory grief.** This is grief that is experienced before the client actually dies and is often experienced by care givers working with terminally-ill clients. Since care givers usually know the prognosis of the clients, they are able to grieve and separate before the clients actually die. This becomes, for them, an "easy" way to deal with death.

There is a problem that may come with this type of grief and that care givers need to be aware of. Since the care giver has already grieved for and separated from the client, he or she has already accepted the fact that nothing can change the reality of death. Because of this acceptance, he or she may also feel that emotional support for the "already dead" client is unnecessary. Obviously this attitude severely limits the ability of the care giver to provide appropriate care.

As a care giver you must recognize when you have accepted the inevitableness of the death of one of your clients. You must then carefully plan that client's care to ensure that all needs are still being met and that the required emotional support will be provided until death actually occurs.

Care givers will face death in many situations and must be ready to cope. No one expects that the care giver will always know the right thing to do or say. Every death is truly unique. Care givers may only be touched by a few clients, but it is their responsibility to provide the same quality of nursing care to all their clients.

There will probably be times when a care giver needs to share his or her feelings with others, especially with others who also deal with death. It is recommended that care givers become aware of the support groups that are available in the area so that they can find support for themselves when they need it.

DIRECTIONS

Describe your feelings about death by completing the following exercise. Write the letter of the answer that best describes your feelings.

Language
- Use standard grammar, spelling, and capitalization
- State ideas clearly

General Relating
- Identify personal values/attitudes

Functional social studies
- Analyze social issues
- Analyze social impact of science/technology

Part I

_____ 1. How often do you think about your own death?

a. Very frequently (at least once a day)
b. Frequently
c. Occasionally
d. Rarely (no more than once a year)
e. Very rarely or never

_____ 2. What does death mean to you?

a. The end; the final process of life
b. The beginning of life after death; a transition, a new beginning
c. A joining of the spirit with a universal cosmic consciousness
d. A kind of endless sleep; rest and peace
e. Termination of this life but with survival of the spirit
f. Don't know

_____ 3. The sight of a dead body is

a. Horrifying to me
b. Natural
c. Pleasant
d. Unsettling

_____ 4. What aspect of your own death is the most distasteful to you?

a. I could no longer have any experiences
b. I am afraid of what might happen to my body after death
c. I am uncertain as to what might happen to me if there is a life after death
d. It would cause grief to my relatives and friends
e. All my plans and projects would come to an end
f. The process of dying might be painful

_____ 5. When you think of your own death, how do you feel?

a. Fearful
b. Discouraged
c. Depressed
d. Purposeless
e. Resolved, in relation to life
f. Pleased at being alive

_____ 6. If you have a choice, what kind of death would you prefer?

a. Tragic, violent death
b. Sudden, but not violent
c. Quiet, dignified death
d. Death in the line of duty
e. Death after a great achievement
f. Suicide
g. Death by homicide
h. There is no "appropriate" kind of death

_____ 7. What are your thoughts about funerals?

a. Feel that they are very important for the bereaved
b. Tend to feel they are valuable
c. Am uncertain or undecided
d. Definitely do not think they are important for the bereaved

_____ 8. When has a member of your family, a close relative, or a very close friend died?

a. Within the past year
b. Within the past two years
c. Within the past five years
d. Over five years ago
e. Never

_____ 9. When you were a small child, how was death talked about in your family?

a. Openly
b. Guardedly
c. Among the adults
d. Not talked about
e. Cannot remember

_____ 10. How often have you been in a situation in which you seriously thought you might die?

a. Never
b. Once or twice
c. Several times
d. Many times

11. How do you think your attitudes about death were developed?

Part II

1. Write a statement of no more than fifty words about death. For example, explain how you feel about your dying, or how you feel about another person's dying.

2. What emotions about death does your statement reveal?

____

____

____

____

____

____

3. Did you find it easy or hard to write your statement? Explain your answer.

____

____

____

____

Part III

Reading an obituary or death notice helps people feel the reality of death.

1. Provide information for your own obituary.

Name ______________________________

Age ______________________________

Died yesterday from ______________________________

____

Survived by ______________________________

____

Occupation ______________________________

Made contributions in the area of ______________________________

____

Will be honored for ______________________________

The body will be ______________________________

2. Was completing the obituary easier or harder than writing about death from Part II of this assignment? Explain your answer.

3. Does your obituary provide an accurate reflection of your life? Explain your answer.

CARING FOR THE DYING PERSON

JOB SHEET

Development of:
READING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why the reading and employability skills are important.

- Discuss with them the following skills that are relevant to this task.

  READING SKILLS

  — Follow written directions

  EMPLOYABILITY SKILLS

  — Master specific job task/procedure

  — Practice good work habits/attitudes

  — Develop self-confidence/esteem

- If students have difficulty following written instructions:

  — Explain to the students that one of the tricks to successfully following written directions is to read the directions completely before actually beginning to follow them. Doing this ensures that you will not be surprised as you work through the steps. It also gives you an opportunity to ask any questions about steps you don't understand.

  — Tell the students that after they have read the directions and are certain that they understand what to do, they should go back to step 1 and follow the directions, step by step without skipping any. Remind them that it is important that they follow the steps in order, even if they think they know what to do.

- If students have difficulty mastering specific job task/procedure

  — Discuss the importance of mastering specific job tasks or procedures. Explain that it is probably impossible to find a job where there isn't a task or procedure to be mastered. Remind them that future employers will be more likely to hire people who can already perform the tasks required.

  — Ask the students to share methods they have used to master specific job tasks or procedures. Discuss these methods with the class.

- If students have difficulty practicing good work habits/attitudes

  — Remind the students that future employers are looking for people with good work habits. Have the students list what they think are good work habits. Discuss each suggestion as it is named. Have them identify ways to improve work habits.

- If students have difficulty developing effective self confidence/esteem:

  — Ask students to name some things that they can do well now that they didn't do as well when they first learned how. Tell them that everything they do will get easier with experience so the more experience they can get before actually starting to work, the more confident they will be on the job.

  — Encourage those students who need to develop their self confidence and esteem by providing opportunities for them to have successful experiences. Provide as many, or more, positive comments as negative comments when evaluating the activities found on the Activity, Assignment, and Job Sheets. Be sure that all negative comments are constructive and include suggestions for improving or correcting the problems.

  — Allow the students to work in heterogeneous groups to enable the less confident students to learn from the more confident students. The activities found on the job, assignment, and activity sheets throughout this book are designed to provide opportunities for students to experience success.

JOB SHEET

CARING FOR THE DYING PERSON

II

OBJECTIVE 8 **Provide post-mortem care.**

INTRODUCTION

The goal of post mortem care is to provide the last physical care to the client and to prepare the body for the family and the mortuary. Care of the body after death may be the ultimate way care providers can give of themselves. The care provider's role is usually to comfort and assist in healing. After death, this is no longer possible. Post-mortem care should be carried out with dignity as a sign of respect to the deceased and the family.

EQUIPMENT AND SUPPLIES

- Gown
- Clean linen
- Identification tags
- Towel
- Wash cloth
- Wash basin
- Soap and water
- Scissors
- Dressings
- Stretcher (a morgue stretcher, if available)
- Valuables' envelope
- Bag for valuables
- Chart

PROCEDURE

Assessment

1. Obtain written certification of death from physician.
2. Obtain signatures on release form if autopsy or organ donation are to be performed.

Planning

3. If deceased was not in a private room, remove other patient(s).
4. Wash hands.
5. Gather equipment.

Implementation

6. Close the eyes if open.
7. Replace dentures or if unable to replace, store in container to be sent to funeral home.

Functional Reading
- Follow written instructions

Job Acquisition/ Development
- Master specific job task/procedure
- Practice good work habits/ attitudes
- Develop self-confidence/ esteem

8. Remove or cut tubes according to facility policy.

9. Remove all jewelry other than wedding band.

10. Package jewelry as specified by facility.

11. Cleanse the body using order of bed bath.

12. Place protective pads under body to absorb urine or fecal discharge.

13. Replace dressings.

14. Place a clean gown on the body.

15. Place identification tags as specified by facility policy (thumb and right great toe).

16. Place arms along the sides of the body.

17. Recheck identification tags for placement and correct information.

18. Move body to stretcher (morgue stretcher if available).

19. Gather valuables and label.

20. Place valuables with body or send to appropriate location.

21. Transport to morgue or mortuary.

22. Document care.

    a. Time pulse ceased

    b. Time respirations ceased

    c. Name of doctor declaring the death

    d. Care given to body

    e. Disposition of all of patient's belongings

    f. Time of transportation to morgue or mortuary

Evaluation

23. Body in morgue or mortuary.

24. Documentation complete.

25. Chart sent to medical records.

PRACTICAL TEST

CARING FOR THE DYING PERSON

II

JOB SHEET

Provide post-mortem care.

Student's Name ________________________ Date _______________

Evaluator's Name ______________________ Attempt No. _________

Instructions: When you are ready to perform this task, ask your instructor to observe the procedure and complete this form. All items listed under "Process Evaluation" must receive a "Yes" for you to receive an acceptable performance evaluation.

PROCESS EVALUATION

Evaluator note: Write a check mark in the "Yes" or "No" blanks to designate whether or not the student has satisfactorily achieved each step in this procedure. If the student is unable to achieve this competency, have the student review the materials and try again.

The student	Yes	No
1. Obtain written certification of death from physician.	____	____
2. Obtain signatures on release form if autopsy or organ donation are to be performed.	____	____
3. If deceased was not in a private room, remove other patient(s).	____	____
4. Wash hands.	____	____
5. Gather equipment.	____	____
6. Close the eyes if open	____	____
7. Replace dentures or if unable to replace, store in container to be sent to funeral home.	____	____
8. Remove or cut tubes according to facility policy.	____	____
9. Remove all jewelry other than wedding band.	____	____
10. Package jewelry as specified by facility.	____	____
11. Cleanse the body using order of bed bath.	____	____
12. Place protective pads under body to absorb urine or fecal discharge.	____	____

13. Replace dressings. ____ ____

14. Place a clean gown on the body. ____ ____

15. Place identification tags as specified by facility policy (thumb and right great toe). ____ ____

16. Place arms along the sides of the body. ____ ____

17. Recheck identification tags for placement and correct information. ____ ____

18. Move body to stretcher (morgue stretcher if available). ____ ____

19. Gather valuables and label. ____ ____

20. Place valuables with body or send to appropriate location. ____ ____

21. Transport to morgue or mortuary. ____ ____

22. Document care.

    a. Time pulse ceased ____ ____

    b. Time respirations ceased ____ ____

    c. Name of doctor declaring the death ____ ____

    d. Care given to body ____ ____

    e. Disposition of all of patient's belongings ____ ____

    f. Time of transportation to morgue or mortuary ____ ____

23. Body in morgue or mortuary. ____ ____

24. Documentation complete. ____ ____

25. Chart sent to medical records. ____ ____

EVALUATORS COMMENTS ____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See performance evaluation key) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.)

Criteria:				
Obtained needed written materials and signatures	4	3	2	1
Removed and packaged jewelry and other valuables	4	3	2	1
Cleaned and prepared body	4	3	2	1
Sent body to morgue or mortuary	4	3	2	1
Documented care	4	3	2	1

EVALUATORS COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: If an average score is needed to coincide with a competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria.)

PERFORMANCE EVALUATION KEY

4 **Skilled** — Can perform job with no additional training.
3 **Moderately skilled** — Has performed job during training program; limited additional training may be required.
2 **Limited skill** — Has performed job during training program; additional training is required to develop skill.
1 **Unskilled** — Is familiar with process, but is unable to perform job.

WRITTEN TEST

CARING FOR THE DYING PERSON

II

Name ______________________________ Score ____________

OBJECTIVE 1

Match terms associated with the dying process to their definitions. Write the letter of the correct term next to the definition in the blank provided.

Part 1

_____ 1. A feeling that life is pointless and without value or usefulness

_____ 2. Medications given to treat nausea and vomiting

_____ 3. The applications of science within a society

_____ 4. Death which requires an autopsy by state or federal law

_____ 5. Essential or necessary

_____ 6. Refusal to believe or acknowledge

_____ 7. Bringing about a painless death

_____ 8. The point at which all vital functions have ceased; includes cerebral, respiratory, and circulatory functions

_____ 9. Statements of comfort or sympathy

a. acceptance

b. anti-emetics

c. condolences

d. death

e. denial

f. euthanasia

g. hospice

h. integral

i. meaninglessness

j. medical examiner's case

k. rigor mortis

l. technology

m. terminal illness

Part 2

_____ 1. Examination of a dead body to determine cause of death

_____ 2. Sickness which is expected to end with death

_____ 3. An idea or belief based on a wish

_____ 4. The study of death and the dying process

_____ 5. Act of incinerating (burning) a body

_____ 6. Agreement with a statement or belief

_____ 7. Respirations which alternate from slow and shallow (possible apnea) to rapid and deep

_____ 8. A multi-colored discoloration of the skin

a. acceptance

b. autopsy

c. cheyne-stokes

d. cremation

e. depression

f. fantasy

g. hospice

h. mottling

i. post mortem

j. suicide

k. terminal illness

l. thanatology

Part 3

_____ 1. Thinking centered on self

_____ 2. Health facility for care of the terminally ill

_____ 3. Placement of a body in a grave

_____ 4. The act of bring death to one's self

_____ 5. Frosty appearance of the skin caused by salts being released through the skin pores instead of through the kidneys

_____ 6. Sadness and despair

_____ 7. After death

_____ 8. Stiffening of the body after death

a. autopsy
b. burial
c. condolences
d. depression
e. egocentric
f. hospice
g. post mortem
h. rigor mortis
i. suicide
j. terminal illness
k. thanatology
l. uremic frost

OBJECTIVE 2

Select the word or phrase that completes statements about the meaning of death for different age groups. Write the letter of the correct answer in the blank provided.

_____ 1. The person's death that is usually most psychologically harmful for a 1 year old in a traditional nuclear family to experience is the ___.

a. Mother
b. Father
c. Sister
d. Self

_____ 2. The age group that feels death cannot happen to them is the ___.

a. Preschool child
b. Adolescent
c. Middle adult
d. Older adult

_____ 3. The age group that fears death the most is the ___.

a. School age child
b. Adolescent
c. Young adult
d. Middle adult

_____ 4. The older adult generally fears least the death of ___.

a. Self
b. A friend
c. A spouse
d. another family member

_____ 5. When death of the primary caregiver occurs during infancy, the developmental task at risk is ___.

a. Walking
b. Building trust
c. Motor coordination
d. Talking

_____ 6. When working with young children dealing with death, it is important that they realize that ___.

a. Death is permanent
b. They didn't cause the death
c. Sleep and death are not the same
d. All of the above are important.

_____ 7. The age that death is usually perceived as permanent is ___.

a. 4
b. 9
c. 12
d. 16

_____ 8. When dealing with death, it is important to remember that ___.

a. Everyone handles death the same way
b. What is appropriate for one person will be appropriate for everyone
c. Everyone deals with death in his or her own unique way
d. Your way of dealing with death is the only correct way

_____ 9. The middle age adult regards death as ___.

- a. A role loss
- b. Non-permanent
- c. Acceptable
- d. Meaningless

OBJECTIVE 3

Match the steps of the grieving process to their characteristics. Write the letter of the correct answers in the blanks provided.

_____ 1. The last stage experienced in the grieving process

_____ 2. The stage in which the patient is most likely to be verbally abusive

_____ 3. The "Yes me" stage

_____ 4. The stage when the client can help make decisions about death

_____ 5. The "Why me" stage

_____ 6. The stage in which the patient is trying to avoid death by saying "Yes, if I can . . ."

_____ 7. The "Not me" stage

_____ 8. The first stage experienced in the grieving process

_____ 9. The "Let's make a deal" stage

_____ 10. The stage in which some clients withdraw completely for a time

- a. denial
- b. anger
- c. bargaining
- d. depression
- e. acceptance

OBJECTIVE 4

Assess signs and symptoms of impending death. Write the letters of the correct answers in the blanks provided.

_____ 1. The effect on the central nervous system that would be expected last is ___.

a. Restlessness
b. Reflexes weakened
c. Pupils fixed and dilated
d. Swallow reflex lost

_____ 2. The assessment that would be unusual in the patient near death is ___.

a. Decrease in temperature
b. Decrease in pulse rate
c. Irregular respirations
d. Decrease in blood pressure

_____ 3. The type of breathing that is seen in the dying patient is ___.

a. Apnea
b. Irregular
c. Cheyne-Stokes
d. All of the above

_____ 4. The decline that causes many of the other systems to become abnormal during death is a decline in the ___.

a. Central nervous system
b. Respiratory system
c. Circulatory system
d. Musculoskeletal system

_____ 5. The effect that is seen near death in the musculoskeletal system is ___.

a. Muscles sag
b. Movement increases
c. Twitches occur
d. False enlargement is seen

_____ 6. Near death, the client's perception of pain often ___.

a. Increases gradually
b. Decreases gradually
c. Increases suddenly
d. Decreases suddenly

_____ 7. During assessment of skin in a dying patient it would be unusual to note ___.

a. Cyanotic coloring
b. Mottling
c. Flushing
d. Diaphoresis

_____ 8. The vital sign that would be unusual in the gradually dying patient is ___.

a. Increased temperature
b. Increased pulse rate
c. Irregular respirations
d. Decreased blood pressure

_____ 9. The sense that is considered the "last to go" is ___.

a. Sight
b. Touch
c. Hearing
d. Taste

_____ 10. The respiratory assessment that would be expected for the dying patient is ___.

a. Rales and rhonchi
b. Tachypnea (rapid breathing)
c. Eupnea (normal breathing)
d. None of the above

_____ 11. The gastrointestinal symptom that is expected during the dying process is ___.

a. Vomiting
b. Flatus accumulation
c. Fecal incontinence
d. All of the above

_____ 12. When the kidneys begin to decrease function, uremic waste is filtered by the ___.

a. Gastrointestinal system
b. Respiratory system
c. Integumentary system
d. No other system

OBJECTIVE 5 **Select basic nursing measures appropriate during the dying process.** Write the letters of the correct answers in the blanks provided.

_____ 1. The major goal of the care provider during the dying process is to ___.

a. Provide adequate rest and sleep
b. Be alert for signs of improvement
c. Administer medications and treatments to cure the patient
d. Provide comfort and meet the physical and psychological needs

_____ 2. The statement that is appropriate while providing car to a dying client is ___.

a. "It doesn't seem like it will be long now."
b. "I am going to be washing your face."
c. "He just looks so bad."
d. "I wish there was something I could do."

_____ 3. The following is true about touching a dying client.

a. Touch is an individual matter and should be handled accordingly
b. All dying patients want to be touched
c. Dying patients never want to be touched
d. Even if patients want to be touched and comforted, the care provider should leave touching to the family

_____ 4. In giving pain relief medication to the dying client the nurse should ___.

a. Give as much as the patient asks for
b. Avoid dependency on the medication
c. Give the amount recommended by the physician
d. Stop administering when patient stops asking

_____ 5. The emotional needs of the client during the dying process can **usually** be met best by ___.

a. A care provider
b. A doctor
c. Family
d. Friends

_____ 6. The bath of the dying patient should be ___.

a. Given in the morning
b. Given in the evening
c. Given as needed
d. Given at family's request

_____ 7. To make it easier for dying clients to see, the care provider should ___.

a. Make the room dark so that the light doesn't hurt the clients' eyes
b. Keep the room well lit
c. Encourage visitors to stand near the clients' head
d. Both b and c

_____ 8. Dying patients who complain of being hot but whose skin feels cool should be ___.

a. Covered with a loosely tucked in sheet
b. Covered with blankets until the skin warms up
c. Covered with an electric blanket and heating pads
d. Covered with a tightly tucked in sheet to prevent air circulation

OBJECTIVE 6 **Discuss legal/ethical issues related to death.**

1. Explain how new technology and medical advances have caused many of the ethical problems which relate to death.

2. Discuss passive euthanasia as it relates to "no code."

3. Why could it be important to have a living will?

OBJECTIVE 7

Describe post-mortem care. In the space provided below, describe post-mortem care. Include references about facilities, physical care, transporting, identification, and documentation in your answer.

NOTE: Objective 8 is evaluated on the job sheet in this unit. If you have not completed this component, see your instructor.

WRITTEN TEST ANSWERS

CARING FOR THE DYING PERSON

II

OBJECTIVE 1

Part 1	Part 2	Part 3
1. i	1. b	1. e
2. b	2. k	2. f
3. l	3. f	3. b
4. j	4. l	4. i
5. h	5. d	5. l
6. e	6. a	6. d
7. f	7. c	7. g
8. d	8. h	8. h
9. c		

OBJECTIVE 2

1. a
2. b
3. c
4. a
5. b
6. d
7. b
8. c
9. a

OBJECTIVE 3

1. e
2. b
3. d
4. e
5. b
6. c
7. a
8. a
9. c
10. d

OBJECTIVE 4

1. c
2. a
3. d
4. c
5. a
6. b
7. c
8. b
9. c
10. a
11. d
12. c

OBJECTIVE 5

1. d
2. b
3. a
4. c
5. c
6. c
7. b
8. a

OBJECTIVE 6

Answers will vary by student but should include the following:

1. References to the ability of medical technology to prolong life
2. References to the differences in value that is placed on human life and honor.
3. References about how technology has given us new ways and new machines which prolong life. Now we have to decide when to turn off the machine, or who gets the organ transplant.

OBJECTIVE 7

Answers will vary but should include at least three of the following:

- Nurses must be familiar with facility policy regarding post-mortem care.
- Most facilities specify that no more than one hour elapse before post-mortem care is given.
- The body should be cleansed and placed in a supine position
- Tubes and catheters may be removed according to facility policy if no autopsy is scheduled.
- It is helpful to use a stretcher made especially for transporting the body to the morgue.
- Tagging for identification purposes is done according to facility policy.
- The nurse must document all activities which were part of post-mortem care.

OBJECTIVE SHEET

CARING FOR INFANTS

III

INTRODUCTION

Infancy is the time of the most rapid growth and development during the life span. The professional care provider must assess common milestones during this time to be able to adequately implement measures that promote optimum growth and development. This unit will discuss care and concerns of the normal infant.

UNIT OBJECTIVE

After completing this unit, the student will be able to provide care for the infant using principles of growth and development. The student will show competency by completing assignment sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITE

Before studying this unit, the student will have successfully completed Unit I: *Basic Concepts of Growth and Development.*

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with infant growth and development to their definitions.
2. Select the word or phrase that completes statements about common aspects of the normal physical growth and development of an infant.
3. Discuss psychosocial development of the infant.
4. Select the word or phrase that completes statements about common aspects of the cognitive development of an infant.
5. Select the word or phrase that completes statements about measures which promote the health of infants.
6. Describe appropriate nursing measures when administering medications to infants.
7. Describe options for providing for the nutritional needs of infants.
8. Select the word or phrase that completes statements about safety measures in the care of infants.
9. Discuss the legal/ethical aspects of infant's care.
10. Select true statements about the effects of hospitalization on the infant.
11. Describe role and relationship patterns of infants.

12. Assess growth and development of the infant. (Assignment Sheet 1)

13. Evaluate immunization needs for an infant using an immunization card. (Assignment Sheet 2)

14. Prepare a plan of care to decrease the effects of hospitalization on the infant. (Assignment Sheet 3)

CARING FOR INFANTS

PREPARATION

- Order materials to supplement unit.
- Invite a guest speaker to discuss safety hazards for infants.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation.
- Obtain models and large pictures of infants at various stages of development.
- Make a poster on infant safety in the car.
- Make a bulletin board showing growth and development of normal infants.
- Devise games and/or crossword puzzles to reinforce terms or groupings.
- **HOSA** Integration
  - Assist students in conducting a chapter service project on normal growth and development of infants.
  - Develop objectives for a service project and identify a theme.
  - Create a poster according to Extemporaneous Health Display rules. Display in highly visible areas.
  - Plan community or school health project that involves disseminating pamphlets about home safety for infants.

DELIVERY

- Discuss unit objectives.

Objective 1: Match terms associated with infant growth and development to their definitions.

- Have students define terms in their own words.
- Have students find and highlight the terms as they are used in the unit.
- Reorganize terms according to objectives. Some students find it helpful to diagram the words by groups such as physical, psychosocial, etc.

Objective 2: Select the word or phrase that completes statements about common aspects of the normal physical growth and development of an infant.

- Present through lecture and discussion information relating to physical development.
- Use a baby mannequin to perform head to toe assessment noting the areas of changes in growth and development.
- Have students make collages using pictures of infants found in magazines. This may be done in groups. Use HOSA guideline for individual or group project.
- To reinforce norms and to obtain clinical experience with infants, have students work in or observe a well-child care area.
- If possible, demonstrate how to read and use growth charts, such as those used in doctors' offices or clinics. Allow time for the students to practice using them.

Objective 3: Discuss psychosocial development of the infant.

- Review basics of Erikson from Unit 1 in Life Span.
- Stress the importance of memorizing the term "trust vs. mistrust" as well as understanding the ideas that relate to it.
- Discuss the effects of deprivation of psychosocial care on infants. (Care in orphanages that only met the infant's physical needs had a high mortality rate.)
- Discuss with the students ways to develop trust in an ill infant. Suggestions can be found in books such as *Child Health Nursing* by Adele Pillitteri.

Objective 4: Select the word or phrase that completes statements about common aspects of the cognitive development of an infant.

- Discuss the order of language acquisition: noun, verb
- Have members of the class participate in a debate on the controversy of average stimulation vs. enrichment.
- Observe infants and describe behaviors that indicate cognitive activity.
- Discuss the types of toys and other items that provide stimulation for infants.
- Have students complete Activity Sheet 1, "Construct appropriate play/learning materials for the infant."

Objective 5: Select the word or phrase that completes statements about measures which promote the health of infants.

- Present information on health promotion of infants.
- Students may demonstrate basic procedures that maintain health such as bathing, diapering, and clothing inspections.
- Use Assignment Sheet 2, "Evaluate immunization needs for an infant using an immunization card."

Objective 6: Describe appropriate nursing measures when administering medications to infants.

- Provide examples of equipment made specifically for administration of medications to infants and children.
- Demonstrate injections on a baby mannequin utilizing the various preferred sites.

Objective 7: Describe options for providing for the nutritional needs of infants.

- Present information about providing for nutritional needs of infants. Books such as *Child and Family: Concepts of Nursing Practice* include charts of suggested feeding guidelines that may be used as a basis of discussion.
- Identify beliefs about child nutrition and have students evaluate the soundness in infant nutrition.
- Provide examples of the varying types of formula that are available commercially.
- Invite a speaker from the La Leche League or from a similar group.
- Invite a dietitian from a children's hospital to speak to class.
- Stress the importance of adding one food at a time to determine allergies.

Objective 8: Select the word or phrase that completes statements about safety measures in the care of infants.

- Present information on safety measures in care of infants.
- Demonstrate proper types and uses of infant car seats. Provide information regarding local agencies that provide car seats for families in need.
- Provide samples of devices that should be used in the house to protect the infant from hazards.

- Stress the importance of being able to both touch and see infants who are on examination tables or changing tables during nursing care.

- Discuss accident prevention techniques that are important to use with infants. Suggestions can be found in books such as *Child Health Nursing* by Adele Pillitteri.

- Have students complete Activity Sheet 2 "Develop a home infant safety assessment tool."

Objective 9: Discuss the legal/ethical aspects of infant's care.

- Present information on child abuse.

- Obtain the most recent national and local statistics on child abuse.

- Invite a speaker from the Department of Human Services, the local police department, or the appropriate local agency to speak on child abuse.

Objective 10: Select true statements about the effects of hospitalization on the infant.

- Present information on effects of hospitalization on the infant.

- Invite a pediatric nurse specialist to speak on the effects of hospitalization on infants.

- Stress the stages of separation. Find illustrations that represent each of the stages.

- Have students complete Assignment Sheet 3.

Objective 11: Describe role and relationship patterns of infants.

- Present the information on role and relationship patterns of infants.

- Have students discuss personal feelings about the advantages and disadvantages of place in birth order.

- Discuss experiences of students that illustrate the various roles infants play.

APPLICATION

Objective 12: Assess growth and development of the infant.

- Complete Assignment Sheet 1. A screening instrument such as the Denver Development Screening Test (DDST) may be used for this assignment, or the instructor may choose to prepare his or her own list of screening items.

- If a commercially prepared screening instrument, such as the DDST, is used, the students should be reminded that for these tests to give an accurate picture, the person assessing must be thoroughly trained. They must understand that the purpose of this exercise is to only familiarize them with the types of information which may be used in assessing development not to give diagnostic information nor as part of a permanent record. Remind them to get the parent's permission.

Objective 13: Evaluate immunization needs for an infant using an immunization card.

- Complete Assignment Sheet 2.

Objective 14: Prepare a plan of care to decrease the effects of hospitalization on the infant.

- Complete Assignment Sheet 3.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities if not previously done.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.
- Reteach and retest if necessary.
- Complete appropriate section of competency profiles.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Print Media

- Jones, Dorothy A.; Mary Kolassa Lepley, and Bette A. Baker. Health Assessment Across the Life Span. McGraw-Hill, Inc. 1984.
- Kuntzleman, Charles. Health Kids for Life. Simon and Schuster, Inc. New York, New York.
- Pillitteri, Adele. Child Health Nursing: Care of the Growing Family. Little, Brown and Company, 1987.
- Singer, Dorothy G. and Tracey A. Revenson. A Piaget Primer: How a Child Thinks. Penguin Books USA Inc. 1633 Broadway, New York, New York 10019.
- Smith, Marjorie J., Julie A Goodman, Nancy Lockwood Ramsey. Child and Family: Concepts of Nursing Practice, Second Edition. McGraw-Hill, Inc. St. Louis, MO 1987.
- Broadribb, Violet. Introductory Pediatric Nursing. J.B. Lippincott. East Washington Square, Philadelphia, PA 19105.
- Freiberg, Karen L. Human Development: A Life-Span Approach. Jones and Bartlett Publishers, Inc. 20 Park Plaza, Boston, MA 02116. (Editorial offices: 23720 Spectacular Bid, Monterey, CA 93940.)

UNIT REFERENCES

- Broadribb, Violet. Introductory Pediatric Nursing. J.B. Lippincott. East Washington Square, Philadelphia, PA 19105.
- Freiberg, Karen L. Human Development: A Life-Span Approach. Jones and Bartlett Publishers, Inc. 20 Park Plaza, Boston, MA 02116. (Editorial offices: 23720 Spectacular Bid, Monterey, CA 93940.)

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- Pillitteri, Adele. Child Health Nursing: Care of the Growing Family. Little, Brown and Company, 1987.
- Singer, Dorothy G. and Tracey A. Revenson. A Piaget Primer: How a Child Thinks. Penguin Books USA Inc. 1633 Broadway, New York, New York 10019.
- Smith, Marjorie J., Julie A Goodman, Nancy Lockwood Ramsey. Child and Family: Concepts of Nursing Practice, Second Edition. McGraw-Hill, Inc. St. Louis, MO 1987.

INFORMATION SHEET

CARING FOR INFANTS

III

OBJECTIVE 1

Match terms associated with infant growth and development to their definitions.

acculturate — change to meet cultural standards

bond — build a mutual positive relationship

cognitive — thinking ability

conceptualize — to understand, to form an idea of or picture in the mind

denial — refusal to believe or acknowledge

dentition — the process of teeth erupting

despair — to give up hope

environmental — relating to all external events and objects

fetus — the last stage of development before birth

fine motor — actions which require use of small muscle groups

fontanel — "soft spot," space between cranial bones at birth

gross motor — actions which require use of large muscles

hereditary — characteristics which are genetic

incisor — center teeth for biting, cutting and tearing

maturity — reaching adult form and characteristics

meconium — dark green or black stools of the early neonate

neonate — newborn; from birth to 1 month old

protest — to fight against a situation

puree — to grind solid food to a semi-liquid form

reflex — an automatic neurological response to a stimulus

rooming in — allowing family member to stay with child during hospital stay

specific gravity — measurement of a comparison of a fluids weight to the equal amount of water

trust — to rely on and be sure of the expected behavior

OBJECTIVE 2

Select the word or phrase that completes statements about common aspects of the normal physical growth and development of an infant

The normal newborn infant has completed the period of most rapid growth during the life span, that of the fetus. However, there is much more growth that must occur before adult size is reached. **The most rapid growth and development after birth occur in the first eighteen months of life.** During childhood the rate of development slows but continues as the individual progresses toward full development according to hereditary and environmental influences.

The newborn can be described as having the basics of all the systems that will be necessary to maintain life. Each system goes through changes that prepare it for maturity. The changes that are seen are considered together as growth and development. **Growth** is the change in physical size whereas **development** is the change in function and ability. Growth and development may progress steadily or may occur in spurts. Development is also recognized as proceeding cephalocaudal and proximal-distal. This means that abilities progress from head (cephalo-) toward the foot (caudal meaning tail) and from the midline of the body outward to the extremities.

Growth occurs rapidly during infancy. There are charts available that can be used to determine whether the infant falls within the normal range for weight and height. These graphs can be helpful for maintaining a record of the growth of a child. When these are not available, a simple rule to determine appropriate weight increase is that an infant usually doubles the birth weight by six months and triples the birth weight by 12 months. Height increases by about 6 inches the first six months and another 4 to 6 inches during the second six months. After 1 year the growth gradually slows down.

The most well known feature of the infant's **skeletal system** is the "soft spot" in the head. This is called a fontanel. There are two major fontanels at birth. The anterior fontanel, which is at the junction of the frontal bones and the parietal bones, closes between 12 and 18 months. The posterior fontanel, located at the junction of the parietal bones and the occipital bones, closes in approximately 11/2 to 3 months. The fontanels are spaces that allow for molding during the birth process and provide room for growth of the cranial bones. There is a tough covering over the brain and with normal handling it is difficult to injure this area. During the first year the size of the skull increases from about 35 cm circumference at birth to approximately 47 cm by 1 year.

The skeleton of the newborn is proportioned quite differently than an adult's skeleton. The skull and chest are much more predominant while the extremities are short. During the first year, the trunk is the fastest growing portion of the body. Its growth accounts for 60% of the increase in body length during infancy.

The **teeth** of the infant begin to erupt at approximately 6 to 7 months. The lower central incisors are usually the first to be seen. Rate of eruption of teeth depends on heredity and nutritional factors. It is necessary to assess the development of other family members if delayed eruption occurs. By 1 year the infant will generally have eight teeth. These include the lower central and lateral incisors and the upper central and lateral incisors. Fluoride supplements are recommended in areas that do not have sufficient fluoridation of water. Fluoridation has been shown to increase calcification of the teeth.

At birth infants have the same number of **muscle fibers** they will have as adults. Boys have a greater proportion of muscle tissue than girls at birth and throughout the life span. The greatest development of muscles in the newborn is in the head and neck area. Then development follows the cephalocaudal, proximal-distal pattern. Gross motor movement produced by the large muscles develops more quickly than the fine motor movement produced by many groups of smaller muscles. For example, the child will be able to voluntarily kick with the whole leg before being able to voluntarily wiggle the toes.

Usually in the first year great changes are seen as **control is gained of the muscles.** Initially only some control of the neck muscles is seen. By 6 weeks of age crawling motions are made with the extremities. At 3 months infants can usually lift the head and shoulders up. Development progresses so that at about 6 months they can sit well in a high chair with support. They then start crawling, and by one year most children are able to take a few steps alone. The fine movements of the hand progress from a flexed position to good thumb finger apposition for grasping small objects and individual hand control.

Neurological development causes the infant to gain control of muscular movements. At birth the infant's immature nervous system depends on reflexes. Protective reflexes, such as gagging, coughing, sneezing, tearing, and blinking, are present in the normal infant and remain effective throughout life.

The normal infant has many reflexes that are not found in adults. The following three reflexes dominate for about the first three months of life and work together to promote feeding of the newborn.

rooting reflex — causes the infant's head to turn toward warm objects that touch the cheek

sucking reflex — causes the infant to suck on objects placed in the mouth

protrusion (extrusion) reflex — causes food placed on the front portion of the tongue to be pushed out of the mouth

The following reflexes that are noticed in the extremities disappear gradually.

step (dance) reflex — causes the infant to make stepping or dancing movements with the feet; occurs when the infant is held upright in the air; disappears at about 6 weeks of age

grasp reflex (palmer and plantar) — causes the infant to clench or grasp the hand or foot; occurs when pressure is applied at the base of the fingers or toes; disappears at about 3 months of age in the hand (palmer) and about 9 to 12 months in the foot (plantar)

Moro reflex — causes the infant to extend arms outward with thumb and forefinger in a c-shape and the other fingers extended; occurs in response to sudden movement; disappears by 6 months of age; assessment is made by symmetry and response time

startle reflex — causes the infant to extend arms outward with hands clenched; occurs in response to loud noise; disappears by six months of age

tonic neck reflex — causes the infant to attain the fencing position with the arm on the side the infant is facing extended and the other arm flexed toward the head; occurs when the infant is laid on the back; may not be present for a few weeks and disappears at about 7 months

The presence and quality of reflexes should be assessed and noted on all infants with appropriate follow-up made if abnormal responses or delayed disappearance occurs.

Sight during the first year improves from a beginning of clarity at 7-15 inches to vision approaching 20/100. Although the infant is capable of seeing at birth, the retina is not fully developed until approximately 4 months. The neuromuscular control of focusing and coordination occurs by about 6 months of age. Tears become noticeable around 2 or 3 months when they can no longer be handled by the nasolacrimal duct alone.

Hearing is present as a newborn. The child uses tone to distinguish meaning and is capable of discriminating tones as close as a step in the musical scale. General location of sound can also be determined at birth. Soothing voices are responded to by momentary quieting while loud noises stimulate the startle reflex. The Eustachian tubes are short and straight which increase the frequency of infection especially if feeding occurs while the child is on his/her back. **Taste** and **smell** are present, but not acutely developed, at birth and progress slowly in the first year. The infant is sensitive to **touch** as well as to pain.

Skin of the infant after the first few days usually has good turgor and a well-nourished color and texture. Only mild soaps should be used on the skin. Attention must be paid to any allergies. The frequency of baths increases with age and must be frequent enough to maintain good hygiene. However, care should be taken to prevent drying of the skin. Assessment of skin hydration should be done frequently as fluctuations may indicate fluid changes which occur rapidly in infants.

Circulation of the infant stabilizes soon after birth. Within the first year an apical rate of 110 to 150 can be expected. If the child is crying the rate may be even higher. The blood pressure, which is rarely done, is about 85/60. It is important to note the conditions under which the infant is being evaluated to determine abnormalities.

Respirations also may vary greatly. The infant breathes diaphragmatically and respirations should be obtained by watching the abdomen rather than the chest. As a neonate, the rate should be between 30 and 60 for a full minute although momentary drastic variations may be observed. The infant will soon stabilize to a rate of approximately 30 per minute. It is essential to note chest movements in infants as the condition changes quickly and early detection of respiratory distress may prevent progression to such severe situations as sternal retractions.

The **gastrointestinal tract** makes great advances in the first year of life. The newborn is capable of digesting the three basic nutrients of fats, proteins, and carbohydrates. Drooling is not found in the newborn, but usually begins between the second and fourth months. Peristalsis is active, and the first stool of meconium should appear within 24 hours. After that the stools progress to soft and then to formed stools. The color of the stool depends upon the intake. Breast-fed infants have a more yellow stool than do formula-fed infants. The 2 month old infant usually has 2 bowel movements a day; by 4 months there is usually a predictable interval between feeding and bowel elimination.

It is the form of intake into the gastrointestinal system which makes the greatest progress and which causes the greatest disagreements within the pediatric community. It is difficult to say what is the **"right" food** for an infant, but there are a few things that are basic. The infant must meet the physical needs for fats, proteins, and carbohydrates as well as vitamins and minerals. The "perfect" food is breast milk. Some physicians recommend only breast feeding until 12 months of age. Others supplement the breast feeding with vitamins. If formula is chosen, care should be taken to watch for allergies. This is also true as foods are added. Sensitivities to foods are easier to detect when each new food is added slowly and individually from other new foods. If solid foods are used, they usually start with cereal, and then add fruits. After the cereal and fruits, vegetables, and then meats, are added. If solid foods are fed, children who are learning to use their hands will enjoy the fun of learning to handle (or is that man-handle) finger foods such as crackers.

The **urinary function** of the infant is assessed with the first urination. Amount of urination increases with the age of the infant. Since specific gravity of urine indicates hydration and/or kidney function this measurement is commonly done on infants who are hospitalized.

At no other time in life is **sleep** as necessary in large quantities as during the first year of life. Most newborn infants sleep approximately 20 hours out of 24 while a 1 year old needs to sleep about 12 hours. Most newborns have about 8 short naps a day. By 6 weeks the naps become fewer but increase in length. Most infants are able to sleep through the night by the age of 7 months. The 1 year old will generally require two or three daytime naps. The energy that the body is requiring for the high rate of growth internally is preserved through this high amount of sleep.

OBJECTIVE 3 **Discuss psychosocial development of the infant.**

The interaction with parents or significant care givers is the most essential part of the social development in the infant. Erik Erikson describes the first year of life as being a stage of conflict called **"trust versus mistrust."** Infants will utilize the social information received in infancy to determine whether to trust or distrust the world they live in. An infant who has physical needs met and experiences love and positive interaction with other people will usually learn to trust the environment. Infants who cry and sometimes are and sometimes are not attended to feel that the world cannot be trusted and that they have no part in determining what happens.

Sociability of the infant fluctuates within the first year of life. The newborn is small, smiling, and sleeping a majority of the time. The smile is not specific but general. Soon the infant will smile in response to familiar objects and people. For the first 6 or 7 months the child is usually sociable. Then a period occurs in which the child becomes fearful of strangers and clings to familiar people. This lasts for varying periods of time. The infant needs reassurance and should not be forced to smile. Full socialization will occur at a later time.

OBJECTIVE 4

Select the word or phrase that completes statements about common aspects of the cognitive development of an infant.

The cognitive development of the infant is not as easily recognized as the physical growth that occurs. Piaget calls this time the **sensorimotor period**. During this period, children learn by using their senses and associating them with movement. Through simple learning techniques such as repetition, the infant gains vital experience from which all further learning will come. Infants are credited with the perception of pleasure during sucking and touching. In the first year the infant moves from a state of little recognition of the world outside himself to a realization of the separation between self and not-self.

For learning to occur, it is first necessary to gain the attention of the infant. Actions are memorized; therefore, repetition is essential for learning. **Modeling, shaping**, and **positive reinforcement** are strong guides in the acquisition of new skills for the infant. Parents have used these measures for years in teaching children language. For example the parent may show a smiling face, a natural eye-catcher for infants, and say "ma-ma" or "da-da" many times. The first attempt made by the infant with an "m" or "d" sound receives more smiles and pleasant tone response (positive reinforcement). Finally, after more repetitions by the parent and more positively reinforced attempts by the child, the word is completely said.

Language acquisition begins with crying and then cooing. As sounds are randomly made by the infant, parents reward those sounds that are part of the language spoken. Babbling, as this is called, provides for acquisition of any language. Words begin as imitation of what is heard, but eventually, by 1 year usually, meaning is added to simple words such as ma-ma, pa-pa, and no. By 10 to 12 months of age, the child usually responds to his or her name.

The cognitive abilities of the infant have become another area of controversy. Some feel that it is necessary to enrich the environment of the infant to produce maximum cognitive abilities. Many authors agree that the positive interaction between the child, the parents, and other family members is the most necessary part of providing for maximum cognitive development.

OBJECTIVE 5

Select the word or phrase that completes statements about measures which promote the health of infants.

The primary needs for human health are fairly stable over the life span. These needs include adequate nutrition, adequate rest, a safe environment, adequate exercise, positive psychosocial interaction, emotional support, adequate resources, prevention of disease, and cognitive stimulation. Those discussed in this objective are the need for sleep, exercise, elimination and disease prevention.

An infant is growing at a rapid rate. It is essential that **adequate rest** is received. Most newborns need approximately 20 hours of sleep a day although some may require less than less. The infant sleeps in cycles which correspond with feeding. Each individual child's needs and cycles differ. The care giver must be alert to the infant's needs, yet may be able to move the cycles so that the longer periods occur at night. Need for sleep decreases gradually until, by age one, a morning and afternoon nap and approximately 10-12 hours at night are sufficient.

Infants need to be given **adequate space to explore**. For safety reasons, cribs and playpens are useful for short periods of time, but the infant should be allowed to explore with supervision to adequately develop. The use of muscles helps in development of cephalocaudal and proximal to distal abilities. Large muscle groups are used before small. Both active and passive (those made by others) muscle movements increase the motion capabilities of the infant.

Elimination in infants of both urine and feces should be observed closely. Because dehydration occurs very quickly, excessive loss of fluid through diarrhea or vomiting indicates a need for medical intervention. Constipation can generally be prevented by nutritional measures.

Health concerns of parents are many for the first year of life, especially if the child is the first or if specific health problems exist. The greatest concern beyond basic care is the need for **Immunizations.** Proper immunizations are a method of preventing disease during infancy and for a lifetime. In Oklahoma, parents are reminded that, for their child's best protection, basic immunizations "are due by two." The Oklahoma State Department of Health recommends that all children be fully immunized (5 doses of DTP, 4 doses of Polio, 2 doses of MMR, and 4 doses of HbCV) before kindergarten enrollment. Current law requires at least 3 doses of DTP, DT, or Td; 3 doses of Polio; and 2 doses each of Measles, Mumps, and Rubella. The measles, mumps, and rubella must have been received after first birthday.

The following chart describes Oklahoma's recommended schedule for all vaccinations. It is strongly recommended that children have HIB (hemophilus influenza bacillus vaccine) before age 2; it is usually given at about six months. Unless contraindicated by specific health reasons, vaccination should be strongly encouraged by health care workers for the benefits of the individual and the health community.

Oklahoma's Recommended Immunization Schedule

Age	Vaccines	Information
2 months	DTP, Polio, HbCV	**DTP:** 0.5 ml Diphtheria, Pertussis, and Tetanus, absorbed type, administered intramuscularly
4 months	DTP, Polio, HbCV	**Polio:** TOPV (Trivalent Oral Polio Vaccine) **HbCV:** Haemophilus Influenzae type b, administer intramuscularly
6 months	DTP, HbCV	
15 months	DTP, Polio, HbCV, MMR	These may be given simultaneously and are considered to be an integral part of the primary immunization series **MMR:** one dose, 0.5 ml of Measles/Mumps/Rubella combined, administered subcutaneously
4 to 6 years	DTP, Polio, MMR	Should be given prior to school entry. Substitute 0.5 ml Td (adult strength) for children 7 and above
Every 10 years thereafter	Td	0.5 ml Td (adult strength) should be given intramuscularly at 10 year intervals to everyone 7 and above

Daily hygiene measures that prevent disease are also used with infants. Dental care includes fluoridated water or fluoride supplements as well as brushing any existing teeth with water and a very soft brush once a day. Putting a child to bed with a bottle increases the occurrence of dental caries at a young age. Bathing needs are increased with hot weather and may then be necessary every day. Cleaning the face, hands, neck, and diaper area is necessary between baths. Clothing should not be constricting nor have small buttons that can come off and be swallowed.

Preventing **diaper rash** is frequently a great challenge. Frequent diaper changes and proper perineal cleansing are the first step. It may be necessary to assess whether the infant is sensitive to the type of diaper being used. Some infants are sensitive to disposable diapers while others are sensitive to the soaps used to launder the cloth type. In severe cases of diaper rash, it may be necessary to leave the diaper area exposed to air for a period of time to promote drying.

One of the most necessary functions of the professional care provider in promoting infant health is to build a good relationship with the parents/primary care giver. The home care of infants is improved by the parents being informed and having resources for health questions.

OBJECTIVE 6

Describe appropriate nursing measures when administering medications to infants.

Giving medications to anyone requires exactness, but with infants this is even more important than usual. The nurse administering medications to infants must know the rights of medication as well as the particulars of infant medication administration.

The nurse should know the reason for the medication and the possible side effects. Calculation of the dosage should be double checked at all times and should reflect difference in the size of the child to the standard dose.

Most medications for infants are in liquid form. The medication should be ready for administration before approaching the child. The child should be told what is going to occur, not given a choice. Oral medications are best given from a syringe (without a needle) or from a device that has a spoon-shaped end on a syringe or dispenser. If alcohol-based medication is being used, water should be mixed with the appropriate amount to prevent aspiration. Forcing medications should be avoided.

Injections for infants are safest when two people work together. One person should hold the infant in a comfortable manner while the other gives the injection. Complete restraint is not necessary, only enough to prevent grasping the syringe or jerking away. The preferred injection site in infants is the vastus lateralis since it is the largest muscle.

OBJECTIVE 7

Describe options for providing for the nutritional needs of infants.

There are many ideas about the way to feed an infant. Some of these ideas are based in sound nutritional practices; others are not. It is necessary for the professional care provider to know what the infant requires to be able to make good assessments and plans for the infant's care. One of the best indicators of the nutritional status is weight, noting whether the individual child is maintaining or gaining at an appropriate rate.

Infants need the basic three nutrients of protein, carbohydrates and fats as well as sufficient vitamins and minerals. Infants require a higher proportion of protein than do adults because of the growth of tissue that is occurring. During the first 6 months the infant needs 2.2 gm/kg of protein, but the next 6 months only 2.0 gm/kg. Calorie requirements drop from 120/kg of body weight to 100/kg by the end of the first year (Pilliterri).

Breast milk is considered the perfect infant food. It provides the required nutrients in the right proportions. The only supplement that some recommend is fluoride. Ideally the child can be maintained solely on breast milk for the first year. However, for many reasons this does not happen frequently. Circumstances may make breast feeding impossible, or the mother may prefer formula feeding.

Formula is an alternative to breast milk. Regular cow's milk is not a nutritionally sound alternative. Formulas are prepared to meet the nutritional needs of the infant. There are variations in source and ingredients, but generally they are nutritionally equal. It is important to remember that one may be better suited to an individual child, and that caution should be used if type or brand is changed. Vitamin supplements may be recommended with formula.

The controversy over solid foods in infancy is on-going. The major concern of the "wait as long as possible group" is to avoid excess weight gain during infancy. Since excess weight gain during infancy has been linked to obesity throughout life, avoiding fat babies is a goal. Although most infants can tolerate solid food soon after birth, the proportion of nutrition to calories is not sufficient to make it a good choice. It is also frustrating to feed infants when the extrusion reflex is very active. Parents become frustrated when the infant keeps spitting out the food, yet this reflex is protective.

Some sources agree that **solid food can begin about the sixth month although other sources believe it should begin sooner, and still others believe it should begin later.** The most common food to be introduced first is cereal. Infant cereal is the source of few allergic reactions and is also high in iron. The next items to be added, usually in this order, are fruit, vegetables, meat, and later egg yolk. This progression considers capability to digest, nutrient needs, and variety. Anytime a new item is added to the diet, 4 days to a week should elapse before adding another new food. This is a helpful way to determine any allergies.

Although prepared infant foods are available, table foods that have no additional salt are of equal nutritional value. Soft foods or pureed foods may be used. One of the benefits of this is that the infant becomes accustomed to the foods of the family. It may also be more economical. However, the family must be eating well-balanced meals for this to be nutritionally sound for the infant.

The best nutritional plan is one that meets the nutritional needs of the infant while being feasible and comfortable for the parents/primary care givers. It is necessary for the professional care provider to listen closely for cues about the habits of the family to adequately assess and plan for the individual infant.

OBJECTIVE 8

Select the word or phrase that completes statements about safety measures in the care of infants.

Infants are not capable of self-protection so it is the responsibility of parents/primary care givers to protect them. The major areas of safety to consider are motor vehicle accidents, ingestion and/or aspiration of foreign objects, suffocation, burns, falls, and drowning.

The ability to protect infants from death and severe injury in **motor vehicle accidents** has increased greatly with the use of **high quality car seats.** Laws require the use of these seats. Only seats that have met the Federal Motor Vehicle Safety Standard should be used. It is important to read the directions for proper use within the vehicle and to always secure the seat with the seat belt according to the manufacturer's instructions. Resources are available that provide these car seats to those unable to afford this necessity.

Infants are naturally curious and experience a large part of their world with their mouths. Most people realize that **infants put all new objects in their mouths.** It may be helpful for adults to get on the infant's level and carefully explore the area the infant will be in, keeping in mind that anything the infant can see and reach will probably end up in the infant's mouth. Small objects, chemical agents, and toxic materials all present hazards for the infant. It is especially important to inspect clothes and toys. Even a baby's own bottle can cause aspiration if it is propped, or if the infant is lying on his or her back. Parents should be instructed to never prop bottles.

Suffocation is most likely to happen during infancy. Soft materials such as blankets, pillows, plastic bags, and even people's bodies pose danger to the infant. The infant is often unable to turn away when air intake is not sufficient. Caution should be used when choosing materials for use in or near the crib.

Infants cannot conceptualize the idea of hot and do not have the ability to get out of situations that may burn them. **The most common place for burns is the bathtub.** As they learn to reach and turn, infants can turn on the hot water and be unable to understand how to turn it off. It is necessary to turn water heaters down so that severe burns are less likely to occur. Open furnaces, coffee cups, lighted cigarettes, exposed electrical sockets, and open flames arouse curiosity and are likely to cause burns.

Falls may present some of the greatest challenges to prevention. Never place an infant on a changing table or other elevated area and turn or walk away—even for a moment. A hand should always be touching the infant, and the infant should always be watched. Both the upper and lower ends of steps and stairs should have gates or other protective measures. Crib rails should be kept up at all times. If the infant begins to climb over the sides, it may be necessary to place a hood over the bed to prevent falls.

Drowning is another danger to children. Although swimming pools and lakes are possible drowning sites, the most common place for infants to drown is the bathtub. Even the toilet with the lid open or a pail of water for cleaning is a possible place for an infant to drown. It is essential that infants **never be left alone in even a small amount of water.**

Accident prevention is a continuous task. Parents need to be informed about accident prevention in a positive setting and not in a way that implies negligence on their part. Professional care providers must also be constantly aware of the dangers in clinical areas.

OBJECTIVE 9 **Discuss the legal/ethical aspects of infant's care.**

The major legal issue in infant care is child abuse. The two types of infant abuse facing health care professionals are physical abuse and sexual abuse. It is now the responsibility (and in many places it is the law) of all professional care providers to report suspected child abuse. The goal of mandatory reporting of abuse is to ultimately eliminate the incidence. If abuse is suspected, the person should call the appropriate agency, often the human services department or the police department. The immediate safety of the child is the top priority of the professional care provider. Removal of the child may be necessary in the case of continued risk of injury.

Child abuse can happen at any social level. It is important to know the family history as well as the stresses that contribute to child abuse. The goal is to prevent further occurrence. The steps toward that must be founded in meeting the needs of both the child and the parents. Frequently the parent or parents lack the self-esteem and support necessary to build a relationship with a child. This is a time when personal judgments should not be allowed to interfere with professional responsibilities to the health of the family unit.

OBJECTIVE 10 **Select true statements about the effects of hospitalization on the infant.**

During the first six months, hospitalization is perceived as simply a change in routine. After that, hospitalization represents a loss of all that is familiar to the infant. It is a place of pain and change. Parents (primary care givers) are sometimes not allowed to be the primary care givers. By this time, attachment to the parent or parents has occurred, and lack of this person or persons causes **separation anxiety** and **depression** in the infant.

The stages of separation are seen frequently. First, the child screams and cries continuously. This is known as **protest.** Then the child gives up and experiences **despair.** Regression may be seen at this time, and often the infant just takes what comes. At this time hospital staff are more well accepted than the family. This signifies a loss of love and trust by the infant in the parent/parents and family. It is very important, as professional care providers, to try to prevent this. This may require making the parents and family aware that extra effort must be made to let the infant know that he or she is still loved. **Prevention measures include rooming in, day care for siblings, unrestricted visiting, and provision for the parents' other responsibilities. It is also recommended that the same professional care providers be responsible for the infant throughout the hospitalization.**

OBJECTIVE 11

Describe role and relationship patterns of infants.

The most significant relationship of the infant is that with the primary care giver. This has traditionally been the mother; although with many parents sharing child care responsibilities today, more fathers are becoming primary care givers. This bond is built with time. The parent increases close contact with the infant. Infants focus on faces and soon the most familiar faces (the parent or parents) provide security. The feeding experience allows for close interaction that helps build this bond. The infant has his or her need for food, warmth, and stimulation met while giving positive feedback to the mother or father. Both verbal and non-verbal communication exchanges take place.

The infant fills several roles. **The placement within the family is felt to be significant.** Each child has advantages and disadvantages as a result of birth order. The **spacing** and **number** of siblings also contribute to a child's place in life. The involvement of the extended family or community may also contribute to the role that this child will play.

Each infant is an individual who lives within a community. Assessment for cultural and family factors is necessary to get the data necessary for adequate planning to maximize the healthy growth and development of the infant.

ACTIVITY SHEETS 1–2

Development of:
WRITING SKILLS
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS

- Introduce the assignment to the students by discussing why the writing, oral communications, interpersonal or relating, and creative thinking/problem solving skills are important.
- Discuss with them the following skills that are relevant to this task.

WRITING SKILLS

— State ideas clearly

— Proofread and edit

ORAL COMMUNICATIONS SKILLS

— Use good speaking techniques

— Communicate with professional colleagues/associates

INTERPERSONAL OR RELATING SKILLS

— Interact with co-workers

— Participate in group activities

— Apply information to life experiences

CREATIVE THINKING/PROBLEM SOLVING SKILLS

— Create a finished product

— Transfer knowledge/training to new situation

- If students have difficulty stating ideas clearly:

  - Remind the students to decide in advance what ideas they want to convey and who their audience is. Knowing about the intended audience is important because it helps determine how to present the ideas most clearly.

  - Explain that as they do their research, they should begin to decide how to best present their ideas to their audience. Some possible methods include written reports, charts, graphs, diagrams, etc. Remind them that the intended audience should influence how the material is presented (very simple with lots of pictures for children, a great deal of background information for people who know a little or nothing about the subject, and little background with more complex information for experts).

  - Have the students work with a partner or in a small group. Provide time for the students to share their ideas with each other and make suggestions as to ways to make the ideas more clear.

  - Remind the students that careful preplanning and the use of correct grammar, spelling, punctuation, and capitalization are especially important if their ideas are to be clearly understood by the intended audience.

- If students have difficulty proofreading and editing:

  - Remind the students that successful writing involves a step-by-step process of planning, composing, revising/editing, and proofreading. Explain that during the editing and proofreading stages, they revise their first draft so that it says exactly what they want it to say. It is revised for clarity, organization, grammar, spelling, and mechanics. Suggest that, as they read what they have written, they ask themselves if the reader will know what they're trying to say..

  - Help the students develop a checklist to use as they revise, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.

  - Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.

- If students have difficulty using good speaking techniques:

  - Remind them to speak clearly; their voices should be loud enough to be heard, but not so loud to be offensive.

  - Suggest that they practice before doing the actual presenting. Practicing in front of a mirror helps many presenters.

  - Discuss with the group the importance of knowing their information so that their speech is smooth, without long pauses or frequent "eh's." Remind them to stress important facts by slowing down or speaking louder. It is also good to repeat or summarize important points.

- If students have difficulty communicating with professional colleagues/associates:

  - Remind them that one of the keys to getting along with and successfully communicating with professional colleagues/associates is cooperation and compromise. Have the students suggest reasons that it is important that associates work together and ways to accomplish this cooperation. Discussion should include working as a team with a common goal, not blaming others for problems or mistakes, furnishing help or making constructive suggestions when needed, listening to suggestions from others, etc.

  - Remind them to treat their colleagues/associates the way they would like to be treated. This helps ensure that all workers will be treated with respect.

- If students have difficulty participating in group activities

  - Remind them of the importance of cooperation and compromise when working in groups. Ask them what would happen to their favorite sports team or musical group if one of the members decided not to do his or her share.

  - Discuss possible methods to use to settle disputes or arguments that might arise. Remind them of the importance of really listening to what others are saying and remembering that it isn't always necessary to get your own way.

  - Remind all the students that they will probably be working with groups of people throughout both their working and personal lives.

- If students have difficulty interacting with co-workers:
    - — Remind them that one of the keys to getting along with and successfully interacting with co-workers is cooperation and compromise. Have the students suggest reasons that it is important that co-workers work together and ways to accomplish this cooperation. Discussion should include working as a team with a common goal, not blaming others for problems or mistakes, furnishing help or making constructive suggestions when needed, listening to suggestions from others, etc.
    - — Remind them to treat their co-workers the way they would like to be treated. This helps ensure that all workers will be treated with respect.
- If students have difficulty applying information to life experiences:
    - — Remind the students that what they are learning in school should have some application to everyday life. Tell them that as they study new topics or subjects they should think about how they will be able to use the information in their lives. Explain that sometimes the connection will be easy to identify—like studying how to budget money. Other connections will be harder to identify because some subjects serve as the basis for other skills.
- If students have difficulty creating a finished product:
    - — Have them to go back to the beginning and reidentify what it was they wanted to accomplish. Have them ask themselves how they intended to accomplish this and why it has been difficult to accomplish. Have them decide if their original idea is "do-able" or if they should decide on a new final product that they will be able to complete.
    - — Be sure that the students realize that one of the most important aspects of creating a finished product is the planning of the desired finished product.
- If students have difficulty transferring knowledge/training to new situations:
    - — Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

— Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

— A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

— Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

CONSTRUCT APPROPRIATE PLAY/LEARNING MATERIALS FOR THE INFANT

There are several ways in which appropriate play materials for infants can be obtained. Purchasing toys is the most common. However, making toys is a fun experience that makes you realize what makes toys appropriate for a particular age group.

Infants need variety. The predominant colors which very young infants can see are black, white, red, blue, and yellow. Play objects must be able to be manipulated with a gross grasp and not with finger dexterity. Safety is the key factor; sharp edges, splinters, lead paint, and small pieces must be avoided.

Each toy should have a purpose that promotes some aspect of the child's development. There are toys designed for all aspects of development—cognitive, motor, and sensory.

Your job in this activity is to design a toy for an infant. It is recommended that you use items that are readily available in most care facilities. Pay careful attention to safety. After the toy is finished, share it with the class by discussing the following items.

Name of toy ______________________________

Age at which it should be introduced ______________

Purpose of toy ______________________________

____

Articles used to construct ______________________

____

Cost of construction ______________________

Time involved in construction ______________

When you have completed your toy, have one or two people (classmates or instructor) evaluate your toy by answering the questions found on the back on this sheet.

Oral Presentation
- Use good speaking techniques

Interactive Communication
- Communicate with professional colleagues/associates

General Relating
- Interact with co-workers
- Apply information to life experiences

Cognitive Activities
- Create a finished product
- Transfer knowledge/training to new situations

Is this toy appropriate for specified age? Why or why not?

Will this toy fulfill its purpose? Why or why not?

Is this a safe toy for the age child? Why or why not?

Is this toy visually appealing? Why or why not?

How could this toy be improved?

DEVELOP A HOME INFANT SAFETY ASSESSMENT TOOL

Reread the section on safety measures in the care of infants. Work individually or in a group (as assigned by instructor) to develop a safety checklist for home use. Outlined here are major areas for concern. Others areas may be added.

Motor vehicle safety

Ingestion or Aspiration of Foreign Objects and Materials

Suffocation

Burns

Falls

Drowning

Language
- State ideas clearly

Composition
- Proofread and edit

General Relating
- Participate in group activities

Cognitive Activities
- Create a finished product
- Transfer knowledge/training to new situations

ASSIGNMENT SHEETS 1–3

Development of:
READING SKILLS
WRITING SKILLS
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why the reading, writing, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills that are relevant to this task.

  READING SKILLS

  — Gain factual information

  — Interpret forms and records

  WRITING SKILLS

  — State ideas clearly

  — Proofread and edit

  ORAL COMMUNICATIONS SKILLS

  — Apply questioning techniques

  — Conduct/receive interviews

  — Communicate with clients/customers/patients

  INTERPERSONAL OR RELATING SKILLS

  — Participate in group activities

  CREATIVE THINKING/PROBLEM SOLVING SKILLS

  — Collect/record information

  — Draw conclusions

  — Create a finished product

  — Transfer knowledge/training to new situation

- Master specific job task/procedure

- If students have difficulty gaining factual information:

  - Remind the students that they probably read for many different reasons. One of the reasons they read is to learn new information. The reason you have for reading helps determine the way you read.

  - Have the students discuss the different techniques they use when reading. Lead the discussion so that the students realize that when they read for fun, they may read quickly, they may skim some parts and read others more carefully. Reading to learn facts requires more care.

  - Suggest that one of the techniques that has been found to be successful includes the following steps.

    Identify in advance what it is that you want to learn. Be certain that before starting to read, you have a clear understanding of what you want to accomplish.

    If the material to be read includes a table of contents, study it to get an understanding of how the material is organized.

    Scan through the material noting headings, highlighted information, illustrations, etc.

    Read the material carefully. Take notes or highlight as you read, listing or marking the information you want to learn.

    Study your notes/highlighted material. Ask yourself if you found all you wanted to learn. If not, reread the material or locate another source for the information.

  - Tell the students that they should find a technique for reading to learn factual information that works for them.

- If students have difficulty interpreting forms and records:

  - Remind them that interpreting forms and records is a skill they will be practicing throughout life. We must read and interpret forms or records almost daily. Have the students volunteer to tell what types of forms or records they will encounter or have already encountered. Interpreting forms and records is very similar to reading a page. Each part of the form or record has a specific purpose.

- Suggest that, when they have a form or record to interpret, they should carefully study the headings and the sections within the form or record. Also study the key or any other information that will help you understand the meaning of the form or record.

- If students have difficulty stating ideas clearly:

  - Remind the students to decide in advance what ideas they want to convey and who their audience is. Knowing about the intended audience is important because it helps determine how to present the ideas most clearly.

  - Explain that as they do their research, they should begin to decide how to best present their ideas to their audience. Some possible methods include written reports, charts, graphs, diagrams, etc. Remind them that the intended audience should influence how the material is presented (very simple with lots of pictures for children, a great deal of background information for people who know a little or nothing about the subject, and little background with more complex information for experts).

  - Have the students work with a partner or in a small group. Provide time for the students to share their ideas with each other and make suggestions as to ways to make the ideas more clear.

  - Remind the students that careful preplanning and the use of correct grammar, spelling, punctuation, and capitalization are especially important if their ideas are to be clearly understood by the intended audience.

- If students have difficulty proofreading and editing:

  - Remind the students that successful writing involves a step-by-step process of planning, composing, revising/editing, and proofreading. Explain that during the editing and proofreading stages, they revise their first draft so that it says exactly what they want it to say. It is revised for clarity, organization, grammar, spelling, and mechanics. Suggest that, as they read what they have written, they ask themselves if the reader will know what they're trying to say..

  - Have the students work with partners or in groups and review each others' writing. Allow time for the students to discuss the comments with their partners or groups. Have them help each other decide how to revise their writing.

  - Help the students develop a checklist to use as they revise, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.

- Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.

- If students have difficulty applying questioning techniques:
  - Remind them to plan in advance what they want to ask during the interview by deciding what they need to learn from the interview.
  - Explain that it is always a good idea to have a written list of the questions they want to ask so that no important questions are omitted.

- If students have difficulty conducting interviews:
  - Remind them to either record the interview or take notes instead of relying on their memories.
  - Discuss with them the importance of being prepared when they go to interview someone. Suggest that they always take a written list of questions that they want to ask.
  - Also, remind them to thank the person for taking the time to talk to them.

- If students have difficulty communicating with client's/customers/patients:
  - Remind them that one of the keys to getting along with and successfully communicating with clients, customers, or patients is treating these people with the same respect and attitude you would like to receive. Remind them that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are just that—theirs—and should not be imposed on other people. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if the beliefs seem strange or different.
  - Remind them that one of the best ways to successfully communicate with anyone is to listen thoughtfully and carefully to the other person or person. Don't assume that you know what the other person is going to say because doing this often leads to misunderstandings.

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- Have the students discuss ways they have successfully communicated with clients, customers, or patients. Briefly sum up the ways people have been successful.

- If students have difficulty participating in group activities
  - Remind them of the importance of cooperation and compromise when working in groups. Ask them what would happen to their favorite sports team or musical group if one of the members decided not to do his or her share.
  - Discuss possible methods to use to settle disputes or arguments that might arise. Remind them of the importance of really listening to what others are saying and remembering that it isn't always necessary to get your own way.
  - Remind all the students that they will probably be working with groups of people throughout both their working and personal lives.
- If students have difficulty collecting/recording information:
  - Suggest that they first decide how and where the information will be collected and recorded. It is also very helpful to identify how the information will be used. Explain that it is always best to come prepared with pencil or pen and a preplanned sheet for recording the specific information to be collected. This preparation allows the people collecting and recording to devote careful attention to their work.
- If students have difficulty creating a finished product:
  - Have them to go back to the beginning and reidentify what it was they wanted to accomplish. Have them ask themselves how they intended to accomplish this and why it has been difficult to accomplish. Have them decide if their original idea is "do-able" or if they should decide on a new final product that they will be able to complete.
  - Be sure that the students realize that one of the most important aspects of creating a finished product is the planning of the desired finished product.
- If students have difficulty transferring knowledge/training to new situations:
  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

  - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

  - A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

  - Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

- If students have difficulty mastering specific job task/procedure

  - Discuss the importance of mastering specific job tasks or procedures. Explain that it is probably impossible to find a job where there isn't a task or procedure to be mastered. Remind them that future employers will be more likely to hire people who can already perform the tasks required.

  - Ask the students to share methods they have used to master specific job tasks or procedures. Discuss these methods with the class.

ASSIGNMENT SHEET 1

CARING FOR INFANTS

III

Name ______________________________ Score ____________

OBJECTIVE 12 **Assess growth and development of the infant.**

INTRODUCTION

Professional care providers need to be able to generally determine whether a child is at an appropriate level, both physically and developmentally. This assignment allows practice in assessment of both these areas.

DIRECTIONS

Use the information provided by the instructor to gather information about the infant you are assessing. This exercise is to only familiarize you with the types of information which may be used in assessing development not to give diagnostic information nor as part of a permanent record. Permission for this use should be obtained from the parent.

Age of this child: _________________ months.

Part One

Obtain information on height and weight.

Height and Weight ___________________________________

Graph on height and weight chart. ________________________

What percentile is this child at this time? ________________

Part Two

Interview for screening information.

In which area was this child most advanced? ______________

In which area was this child least advanced? ______________

Where was this interview done? ________________________

Summarize how this information assesses development.

____

____

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

Cognitive Activities
- Collect/record information
- Draw conclusions

ASSIGNMENT SHEET 2

CARING FOR INFANTS

III

Name ______________________________ Score ____________

OBJECTIVE 13 Evaluate immunization needs for an infant using an immunization card.

INTRODUCTION There are many settings in which professional care providers need to evaluate the immunizations a child needs. This assignment provides practice in examining past records and analyzing the needs of the infant.

DIRECTIONS Use the information provided in the information sheets (Objective 5) to determine what immunizations, according to the recommended Oklahoma schedule, are needed for the following infants. Fill in the spaces on the cards with today's date to indicate what would be given or, if no immunizations are needed, write none after the child's name.

Raoul, age 8 months

Vaccine	**Date Given**	**Signature or Stamp** (Doctor or Clinic)
DTP 1	8/10	OCHC
DTP 2	10/11	OCHC
DTP 3		
DTP 4		
DTP 5		
TOPV 1	8/10	OCHC
TOPV 2	10/11	OCHC
TOPV 3		
TOPV 4		
MMR 1		
MMR 2		
HbCV 1	8/10	OCHC
HbCV 2	10/11	OCHC
HbCV 3		
HbCV 4		

Reading Comprehension
- Gain factual information

Functional Reading
- Interpret forms and records

Job Acquisition/ Development
- Master specific job task/ procedure

Rachelle, age 5 months

Vaccine	Date Given	Signature or Stamp (Doctor or Clinic)
DTP 1	8/10	OCHC
DTP 2	10/11	OCHC
DTP 3		
DTP 4		
DTP 5		
TOPV 1	8/10	OCHC
TOPV 2	10/11	OCHC
TOPV 3		
TOPV 4		
MMR 1		
MMR 2		
HbCV 1	8/10	OCHC
HbCV 2	10/11	OCHC
HbCV 3		
HbCV 4		

Dustin, age 12 months

Vaccine	Date Given	Signature or Stamp (Doctor or Clinic)
DTP 1		
DTP 2		
DTP 3		
DTP 4		
DTP 5		
TOPV 1		
TOPV 2		
TOPV 3		
TOPV 4		
MMR 1		
MMR 2		
HbCV 1		
HbCV 2		
HbCV 3		
HbCV 4		

ASSIGNMENT SHEET 3

CARING FOR INFANTS

III

Name ______________________ Score __________

OBJECTIVE 14

Prepare a plan of care to decrease the effects of hospitalization on the infant.

INTRODUCTION

Hospitalization is a traumatic experience for anyone at any age. It is especially trying to parents whose baby has to be hospitalized. The baby, the parents, and the rest of the family are forced to alter familiar routines, often at that critical time when the baby and the family are developing the love and trust that is so important to a healthy life. Careful planning is needed if the effects of hospitalization on an infant and on the infant's family are to be minimized.

DIRECTIONS

Using an actual or imaginary infant patient, complete a care plan to decrease the effects of hospitalization.

Following are some suggestions for nursing diagnosis from which to start.

Anxiety

Altered comfort: Pain

Family coping: Potential for growth

Ineffective family coping: Compromised

Altered family processes

Fear

Altered growth and development

Altered health maintenance

Impaired home maintenance management

Potential for infection

Potential for injury

Altered nutrition: Less than body requirements

Altered parenting: Potential

Impaired skin integrity: Potential

Language
- State ideas clearly

Composition
- Proofread and edit

General Relating
- Participate in group activities

Cognitive Activities
- Create a finished product
- Transfer knowledge/ training to new situations

ASSIGNMENT ANSWERS

CARING FOR INFANTS

III

ASSIGNMENT SHEET 1	Answers will vary although it is recommended that these be reviewed in class for accuracy.
ASSIGNMENT SHEET 2	Raoul needs DPT and optional HIB. Rachelle's immunizations are current; however, since it has been more than one month since the last DPT, she could be given her third dose. Dustin needs first doses of DPT and OPV as well as a TB test.
ASSIGNMENT SHEET 3	Answers will vary although it is recommended that these be reviewed in class for accuracy.

WRITTEN TEST

CARING FOR INFANTS III

OBJECTIVE 1

Match terms associated with infant growth and development to their definitions.

Part 1

_____ 1. Newborn; from birth to 1 month old

_____ 2. "Soft spot," space between cranial bones at birth

_____ 3. Build a mutual, positive relationship

_____ 4. The last stage of development before birth

_____ 5. Allowing family member to stay with child during hospital stay

_____ 6. Dark green or black stools of the early neonate

_____ 7. Thinking ability

_____ 8. An automatic neurological response to a stimulus

a. acculturate

b. bond

c. cognitive

d. fetus

e. fine motor

f. fontanel

g. gross motor

h. meconium

i. neonate

j. reflex

k. rooming in

l. trust

Part 2

_____ 1. Reaching adult form and characteristics

_____ 2. Measurement of a comparison of a fluid's weight to the equal amount of water

_____ 3. Refusal to believe or acknowledge

_____ 4. Actions which require use of small muscle groups

_____ 5. Change to meet cultural standards

_____ 6. Actions which require use of large muscles

_____ 7. To fight against a situation

_____ 8. Relating to all external events and objects

a. acculturate

b. cognitive

c. denial

d. environmental

e. fine motor

f. gross motor

g. hereditary

h. maturity

i. neonate

j. protest

k. specific gravity

l. trust

Part 3

_____ 1. Characteristics which are genetic

_____ 2. To understand; to form an idea of or picture in the mind

_____ 3. To grind solid food to a semi-liquid form

_____ 4. The process of teeth erupting

_____ 5. Center teeth for biting, cutting, and tearing

_____ 6. To rely on and be sure of the expected behavior

_____ 7. To give up hope

a. bond

b. conceptualize

c. denial

d. dentition

e. despair

f. hereditary

g. incisor

h. maturity

i. puree

j. trust

OBJECTIVE 2

Select the word or phrase that completes statements about common aspects of the normal physical growth and development of an infant

_____ 1. Which of the following indicates development?

a. Double birth weight
b. Increase height by 2 inches
c. Ability to mimic simple sounds
d. All of the above

_____ 2. The correct statement concerning closure of fontanels is _____.

a. The anterior fontanel closes at 1½ to 3 months of age
b. The anterior fontanel does not fully close until age 4
c. The anterior fontanel closes at 12 to 18 months
d. The posterior fontanel closes at 12 to 18 months

_____ 3. The teeth that erupt first are the _____.

a. Upper central incisors
b. Upper lateral incisors
c. Lower central incisors
d. Lower lateral incisors

_____ 4. The controlled muscular movement that would be first in the normal pattern of development is _____.

a. Wiggling toes
b. Raising shoulders
c. Kicking the feet
d. Swinging an arm

_____ 5. At 5 months of age it is most uncommon to find the _____.

a. Moro reflex
b. Palmar grasp reflex
c. Plantar grasp reflex
d. Tonic neck reflex

_____ 6. The vital sign that is not usually assessed in infants is the ____.

a. Temperature
b. Pulse
c. Blood pressure
d. Respiration

_____ 7. The most rapid physical growth occurs during ____.

a. 0-18 months
b. 4-6 years
c. 6-12 years
d. 12-18 years

_____ 8. An example of development is ____.

a. Increase in head circumference
b. Increase in vocabulary
c. Lengthening of bones
d. Increase in height

_____ 9. The portion of the skeleton that has the greatest increase in size during the first year is the ____.

a. Head
b. Trunk
c. Arms
d. Legs

_____ 10. The reflex that helps the young infant with feeding is the ____.

a. Protrusion reflex
b. Sucking reflex
c. Rooting reflex
d. All of the above

_____ 11. Skin of the infant is a useful indicator of ____.

a. Dehydration
b. Circulation
c. Hygiene
d. All of the above

_____ 12. A pulse rate that would be abnormal in an infant is _____.

- a. 60
- b. 110
- c. 120
- d. 150

_____ 13. A yellow stool might be expected from a child _____.

- a. 1 day old on formula
- b. 1 month old on formula
- c. 2 months old, breast fed
- d. 2 days old, breast fed

OBJECTIVE 3 **Discuss psychosocial development of the infant.**

1. Describe the patterns of care that develop trust and mistrust.

____

____

____

____

____

2. When is a infant most sociable and why?

____

____

____

____

____

OBJECTIVE 4 **Select the word or phrase that completes statements about common aspects of the cognitive development of an infant.** Write the letter of the correct answer in the blanks.

____ 1. The cognitive ability acquired during infancy allows the child to recognize ____.

a. Self and not-self
b. Abstract thoughts
c. Meaning of complex numbers
d. Generalized ideas

____ 2. The statement that is incorrect regarding language acquisition in infants is ____.

a. Any infant can learn any language
b. Babbling is essential to language
c. Meaning occurs with babbling
d. Early language is imitation

____ 3. The skill that is learned by modeling is ____.

a. Waving bye-bye
b. Playing pat-a-cake
c. Saying ma-ma
d. All of the above

____ 4. The stage of cognitive development that is seen in infancy is ____.

a. Concrete operations
b. Formal operations
c. Pre-operational
d. Sensorimotor

____ 5. A method that is used in helping an infant gain skills is ____.

a. Modeling
b. Positive reinforcement
c. Shaping
d. All of the above

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OBJECTIVE 5

Select the word or phrase that completes statements about measures which promote the health of infants. Write the letter of the correct answers in the blanks.

_____ 1. The area that best meets the infants need for exploration space is ____.

a. The middle of the floor
b. The crib
c. A play-pen
d. A car seat

_____ 2. The area that should be assessed carefully for infants with constipation is ____.

a. Exercise
b. Nutrition
c. Sleep
d. Immunizations

_____ 3. The disease that is NOT included in recommended vaccinations during the first year of life is ____.

a. Polio
b. Tetanus
c. Pertussis
d. Measles

_____ 4. Tooth brushing should begin ____.

a. When teeth erupt
b. When child can hold a toothbrush
c. When all teeth are in
d. When solid foods are being taken

_____ 5. Diaper rash may be caused by ____.

a. Sensitivity to soap
b. Sensitivity to disposable diaper
c. Infrequent diaper changes
d. All of the above

_____ 6. The child that is not receiving enough sleep is the ____.

a. 6 month old receiving 12 hours of sleep
b. 12 month old receiving 12 hours of sleep
c. 1 month old receiving 20 hours of sleep
d. 3 month old receiving 20 hours of sleep

_____ 7. The type of exercise that increases muscular strength of infants is ____.

a. Crawling
b. Sitting alone
c. Parents moving arms and legs
d. All of the above

_____ 8. The greatest problem for a child with diarrhea is ____.

a. Dehydration
b. Skin breakdown
c. Infection
d. Decreased social interaction

_____ 9. Immunization should begin at age ____.

a. 2 weeks
b. 2 months
c. 6 months
d. 1 year

_____ 10. Bathing for infants should be ____.

a. After every diaper change
b. Twice a week
c. More frequent in hot weather
d. Every week

_____ 11. The action by the professional care provider that promotes infant health the most is ____.

a. Building a good relationship with the parents/primary care giver
b. Assessing for deficiencies in daily care
c. Implementing health care measures in the hospital
d. Planning for ideal health promotion

OBJECTIVE 6 **Describe appropriate nursing measures when administering medications to infants.**

____

____

____

____

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____

____

____

OBJECTIVE 7 **Describe options for providing for the nutritional needs of infants.**

____

____

____

____

____

____

OBJECTIVE 8 **Select the word or phrase that completes statements about safety measures in the care of infants.** Write the letter of the correct answer in the blank.

____ 1. The group that approves infant car seats is the ____.

a. Food and Drug Administration
b. Department of Transportation
c. Federal Motor Vehicle Safety Standards
d. National Safety Council

____ 2. The part of the infant's body that is used to most thoroughly explore new objects is the ____.

a. Hand
b. Mouth
c. Feet
d. Arms

_____ 3. If the phone rings while bathing the infant, the parent should ____.

a. Answer the phone, but immediately tell the caller he or she can't talk
b. Take the infant with them to the phone
c. Ignore the phone
d. b or c

_____ 4. When in a motor vehicle, an infant should be in the ____.

a. Parent's arms
b. Approved safety seat
c. Floor of vehicle
d. Driver's lap

_____ 5. The infant is at risk of aspiration when playing with ____.

a. Small buttons
b. Chemical agents
c. Baby bottles
d. All of the above

_____ 6. Most infants are burned ____.

a. By open furnaces
b. In house fires
c. In bathtubs
d. At the stoves

_____ 7. An infant can be placed on a changing table while going across the room for diapers at age ____.

a. 1 week old
b. 1 month old
c. 1 year old
d. Never

OBJECTIVE 9 **Discuss the legal/ethical aspects of infant's care.**

OBJECTIVE 10 **Select true statements about the effects of hospitalization on the infant.** Write an "X" in the blanks in front of true statements.

_____ 1. The primary cause of separation anxiety in infants is a change in their routine.

_____ 2. A child going through the denial stage of separation anxiety usually sits in the corner of the crib and cries.

_____ 3. Strict visiting hours tend to increase the incidence of separation anxiety in infants.

_____ 4. A 2 month old infant reacts stronger to hospitalization than an 8 month old infant.

_____ 5. A child going through the first stage of separation anxiety usually screams and cries.

_____ 6. The primary cause of separation anxiety in infants is their attachment to the parent or parents.

_____ 7. Rooming-in tends to increase the incidence of separation anxiety.

_____ 8. A child going through the denial stage of separation anxiety usually avoids the parents/primary care giver.

_____ 9. An 8 month old infant reacts stronger to hospitalization than a 2 week old infant.

_____ 10. A child going through the first stage of separation anxiety usually avoids the parents/primary care giver.

OBJECTIVE 11

Describe role and relationship patterns of infants.

1. How is the relationship between the infant and the primary care giver or givers (parent or parents) built?

2. Describe factors within the family which influence the role of the infant.

NOTE: Objectives 12, 13, and 14 are evaluated on the job/assignment sheets in this unit. If you have not completed this component, see your instructor.

WRITTEN TEST ANSWERS

CARING FOR INFANTS III

OBJECTIVE 1	1. i	1. h	1. f
	2. f	2. k	2. b
	3. b	3. c	3. i
	4. d	4. e	4. d
	5. k	5. a	5. g
	6. h	6. f	6 j
	7. c	7. j	7. e
	8. j	8. d	
OBJECTIVE 2	1. c	6. c	11. d
	2. c	7. a	12. a
	3. c	8. b	13. c
	4. b	9. b	
	5. b	10. d	

OBJECTIVE 3

1. Answers will vary but should include some of the following concepts:

- Trust is developed by a pattern of care in which the physical and emotional needs are met in a consistent way.
- Mistrust develops when the physical and emotional needs are not met or are met in an inconsistent way.

2. Answers will vary but should include some of the following:

- An infant is most sociable between two and six months.
- At two months faces are recognized.
- By eight months attachment to parents (care givers) is stronger resulting in a fear of the loss of the security these people give to the infant.

OBJECTIVE 4

1. a
2. c
3. d
4. d
5. d

OBJECTIVE 5

1. a
2. b
3. d
4. a
5. d
6. a
7. d
8. a
9. b
10. c
11. a

OBJECTIVE 6

Suggested answers include:

- Dosage should be double checked to guarantee accuracy.
- Side effects should be known.
- Have medication ready to give before approaching the infant.
- Do not give a choice about receiving the medication.
- Use syringe without needle or the specially-designed infant and child medicine dispenser with a spoon-shaped end
- Work in pairs when giving injections
- Give injections in the vastus lateralis

OBJECTIVE 7

Suggested answers include:

- Breast feed or use infant formula
- Start solid food with cereal, then fruit, then vegetables, and finally meat
- Add new foods gradually, one at a time, at least 4 days to a week apart

OBJECTIVE 8

1. c
2. b
3. d
4. b
5. d
6. c
7. d

OBJECTIVE 9

Answers will vary but should include some of the following:

- Major issue is child abuse
- Required to report suspected abuse to the proper authorities
- Safety of the infant is the top priority
- Try to understand the causes of the abuse so that the family can be helped
- Don't let personal views cloud judgment

OBJECTIVE 10

3, 5, 6, 8, 9

OBJECTIVE 11

1. Relationship is built with bonding that occurs over time as the parent or parents increase close contact with the infant especially during feedings. The close contact and positive feedback between the parent and the infant cause the infant to begin to recognize the faces of the people who provide love and security.
2. Factors include:
    - number of children
    - where in birth order
    - involvement of family and extended family

OBJECTIVE SHEET

CARING FOR CHILDREN

IV

INTRODUCTION

Childhood is a time in the life span during which many changes result. Several stages of growth and development occur. As toddlers, preschoolers, and school-age children there are significant milestones being reached. The professional care provider needs to be able to recognize and work with children in any of these age groups.

UNIT OBJECTIVES

After completing this unit, the student will be able to provide care for the infant using principles of growth and development. The student will show competency by completing assignment sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITES

Before studying this unit, the student will have successfully completed Unit I: Basic Concepts of Growth and Development and Unit III: Use Growth and Development Principles in the Care of Infants.

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with childhood growth and development to their definitions.
2. Select the word or phrase that completes statements about the normal physical development of children.
3. Match Erikson's stages of psychosocial development for children with the corresponding age group and primary goal of each stage.
4. Select the word or phrase that completes statements about the psychosocial development of children.
5. Arrange in order of occurrence during childhood Piaget's stages of cognitive development.
6. Select the word or phrase that completes statements about the cognitive development of children.
7. Describe ways to promote the health of children.
8. Select the word or phrase that completes statements about administering medications to children.
9. Select the word or phrase that completes statements about children's nutrition.
10. Select the word or phrase that completes statements about safety measures for children.
11. Discuss legal/ethical aspects of the care of children.

12. Select the word or phrase that completes statements about measures which minimize the effects of hospitalization on children.

13. Describe role and relationship patterns of children.

14. Prepare a plan of care to decrease the effects of hospitalization on a child. (Assignment Sheet 1)

15. Assess growth and development of the child. (Assignment Sheet 2)

16. Evaluate immunization needs for a child using an immunization card. (Assignment Sheet 3)

17. Develop a home safety assessment tool. (Assignment Sheet 4)

SUGGESTED ACTIVITIES

CARING FOR CHILDREN IV

PREPARATION

- Order materials to supplement unit.
- After discussing the objectives to be studied in this unit, have the class suggest specific topics that are of special interest to them. Invite speakers with expertise in these areas to talk to the class.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation.
- Make a poster of magazine pictures showing children in the various age groups.
- Devise games and/or crossword puzzles to reinforce terms.
- If possible, locate child growth and development charts to share with the class. These charts can be found in *Child Health Nursing: Care of the Growing Family* or other similar books.
- **HOSA** Integration
  - — Assist students in conducting a chapter service project on the growth and development of children.
  - — Develop objectives for service project and identify a theme.
  - — Create a poster according to extemporaneous Health Display rules display in highly visible areas.
  - — Plan community or school health project that involves disseminating pamphlets about child growth and development.

DELIVERY

Objective 1: Match terms associated with childhood growth and development to their definitions.

- Review terms and present explanations that support definitions.
- Have students define terms in their own words.
- Have students go through remainder of unit and highlight terms.
- Reorganize terms according to objectives. Present in groups as related to objectives.

Objective 2: Select the word or phrase that completes statements about the normal physical development of children.

- Present through lecture and discussion information relating to physical development of the child.
- Have students make visuals to demonstrate the physical changes seen at the various ages of childhood. Use HOSA guidelines for individual or group project.

Objectives 3: Match Erikson's stages of psychosocial development for children with the corresponding age group and primary goal of each stage.

Objective 4: Select the word or phrase that completes statements about the psychosocial development of children.

- Present information through lecture and discussion.
- Review basics of Erikson from Unit I in *Life Span*.
- Discuss the effects of both positive and negative resolution of the conflicts on development.
- Invite a speaker who specializes in child development.

Objectives 5: Arrange in order of occurrence during childhood Piaget's stages of cognitive development.

Objective 6: Select the word or phrase that completes statements about the cognitive development of children.

- Present information through lecture and discussion.
- Obtain a copy of the reference book *Thinking Is Child's Play*. Have the students choose one concept, or you assign each student a concept. Have them test several children on this concept.
- Discuss the implications of these cognitive levels on instructions commonly given in health care.

Objective 7: Describe ways to promote the health of children.

- Present information through lecture and discussion.
- Prepare a HOSA community health project that emphasizes one of the aspects of health maintenance in children.
- Have students visit local immunization clinics to become more confident in assessing immunization needs.
- Complete Assignment Sheet 3.

- Have students interview children of various ages to try to determine a child's understanding of what keeps you healthy.

Objective 8: Select the word or phrase that completes statements about administering medications to children.

- Present information through lecture and discussion.

- Review basic concepts of administration of medications.

- Demonstrate the various techniques for administering medications to children. Allow time for the students to practice these techniques.

- Provide equipment that is made for pediatric medication administration.

Objective 9: Select the word or phrase that completes statements about children's nutrition.

- Present information through lecture and discussion.

- Discuss food jags as part of normal development. Correlate these jags to spurts in growth.

- Discuss the impact of a family's nutritional habits on the child's eating habits.

Objective 10: Select the word or phrase that completes statements about safety measures for children.

- Present information through lecture and discussion.

- Plan community health project using HOSA guidelines focusing on one safety hazard of children.

- Have a group of students or the class plan a display that shows some hazardous items or situations and some of the methods used to protect children from these hazards.

- Have students work in groups to identify those safety rules which children learn that promote health throughout life.

Objective 11: Discuss legal/ethical aspects of the care of children.

- Present information through lecture and discussion.

- Invite a lawyer or judge to speak on some of the legal problems that can arise concerning non-custodial parents.

- Invite a police officer to discuss crimes in which children are involved as both a victim or the offender.

Objective 12: Select the word or phrase that completes statements about measures which minimize the effects of hospitalization on children.

- Present information through lecture and discussion.
- Provide clinical experience by having the students work with children to utilize concepts that minimize the effects of hospitalization.
- Plan a panel discussion between parents who have had children hospitalized for various reasons and for various lengths of time to introduce students the parent's perspective.
- Discuss care planning based on concepts presented.
- Have students complete Assignment Sheet 1.
- Information about coping with hospitalization and reducing the fear of medical procedures may be found in *Child and Family: Concepts of Nursing Practice*.

Objective 13: Describe role and relationship patterns of children.

- Present information through lecture and discussion.
- Have students research statistics on the influence of family and peers.
- Have a panel composed of people in daily contact with children (parents, teachers, day care workers) present information showing the different roles of the child.
- Assign essays using HOSA guidelines on issues concerning the roles and relationships of children in society.

APPLICATION

Objective 14: Prepare a plan of care to decrease the effects of hospitalization on a child.

- Have students complete Assignment Sheet 1.

Objective 15: Assess growth and development of the child.

- Have students complete Assignment Sheet 2. If possible, have the students visit a child care center or have them bring children of different ages to the classroom so that the students will each have children to observe.
- A screening instrument such as the Denver Development Screening Test (DDST) may be used for this assignment, or the instructor may choose to prepare his or her own list of screening items.

- If a commercially prepared screening instrument, such as the DDST, is used, the students should be reminded that for these tests to give an accurate picture, the person assessing must be thoroughly trained. They must understand that the purpose of this exercise is to only familiarize them with the types of information which may be used in assessing development not to give diagnostic information nor as part of a permanent record. Remind them to get the parent's permission.

Objective 16: Evaluate immunization needs for a child using an immunization card.

- Have students complete Assignment Sheet 3.

Objective 17: Develop a home safety assessment tool.

- Have students complete Assignment Sheet 4.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities if not previously done.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.
- Reteach and retest if necessary.

- Complete appropriate section of competency profiles.

- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Print Media

- Broadribb, Violet. *Introductory Pediatric Nursing*. J.B. Lippincott. East Washington Square, Philadelphia, PA 19105.

- Freiberg, Karen L. *Human Development: A Life-Span Approach*. Jones and Bartlett Publishers, Inc. 20 Park Plaza, Boston, MA 02116. (Editorial offices: 23720 Spectacular Bid, Monterey, CA 93940.)

- Jones, Dorothy A.; Mary Kolassa Lepley, and Bette A. Baker. *Health Assessment Across the Life Span*. McGraw-Hill, Inc. 1984.

- Kuntzleman, Charles. *Health Kids for Life*. Simon and Schuster, Inc. New York, New York.

- Pillitteri, Adele. *Child Health Nursing: Care of the Growing Family*. Little, Brown and Company, 1987.

- Singer, Dorothy G. and Tracey A. Revenson. *A Piaget Primer: How a Child Thinks*. Penguin Books USA Inc. 1633 Broadway, New York, New York 10019.

- Smith, Marjorie J., Julie A Goodman, Nancy Lockwood Ramsey. *Child and Family: Concepts of Nursing Practice*, Second Edition. McGraw-Hill, Inc. St. Louis, MO 1987.

- Wadsworth, Barry J. *Piaget's Theory of Cognitive and Affective Development*. Longman, Inc., 95 Church St., White Plains, NY 10601.

Software

- Med-Com Developmental Concepts, Diskettes 3, 4, 5, & 6 (Toddler, Preschool, School-Age). This program is more appropriate for R.N. level but may be helpful in allowing students to apply some of the concepts covered in the unit.

UNIT REFERENCES

- Broadribb, Violet. *Introductory Pediatric Nursing*. J.B. Lippincott. East Washington Square, Philadelphia, PA 19105.
- Freiberg, Karen L. *Human Development: A Life-Span Approach*. Jones and Bartlett Publishers, Inc. 20 Park Plaza, Boston, MA 02116. (Editorial offices: 23720 Spectacular Bid, Monterey, CA 93940.)
- Jones, Dorothy A.; Mary Kolassa Lepley, and Bette A. Baker. *Health Assessment Across the Life Span*. McGraw-Hill, Inc. 1984.
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- Pillitteri, Adele. *Child Health Nursing: Care of the Growing Family*. Little, Brown and Company, 1987.
- Singer, Dorothy G. and Tracey A. Revenson. *A Piaget Primer: How a Child Thinks*. Penguin Books USA Inc. 1633 Broadway, New York, New York 10019.
- Smith, Marjorie J., Julie A Goodman, Nancy Lockwood Ramsey. Child and Family: *Concepts of Nursing Practice*, Second Edition. McGraw-Hill, Inc. St. Louis, MO 1987.
- Wadsworth, Barry J. *Piaget's Theory of Cognitive and Affective Development*. Longman, Inc., 95 Church St., White Plains, NY 10601.

INFORMATION SHEET

CARING FOR CHILDREN IV

OBJECTIVE 1

Match terms associated with childhood growth and development to their definitions.

- **autonomy** — a sense of self determination, independence; "me"
- **body image** — personal viewpoint of own body, includes both form and acceptability
- **concrete** — able to be perceived as real by one or more of the senses
- **custody** — legal guardianship of a child
- **deciduous** — first teeth formed ("baby teeth")
- **dehydration** — physical state in which fluids within the body are not sufficient
- **dentition** — the eruption of teeth (teething)
- **discipline** — measures which are meant to produce an expected behavior
- **encopresis** — inability to control bowel movements which is not related to disease
- **enuresis** — inability to control bladder function; usually occurs at night in children
- **fantasy** — use of imagination, not based on real evidence
- **industry** — the ability to learn and perform skills which are valued in a society
- **inferiority** — recognition of not meeting standards of self or society
- **initiative** — the ability and willingness to try new activities or ways of thinking
- **intuitive** — guessing at explanations without use of rational thought
- **myelinization** — the formation of myelin on nerve tissue
- **negativism** — refusal to perform according to the wishes of others

- **parallel play** — play in which children are located near, but are not personally interacting with, other children who are also playing
- **preconceptual** — thinking which focuses on the specific rather than as part of a whole
- **preoperational** — thinking which focuses on images which are not organized
- **preschool age** — child ages 4 years to 5 years
- **puberty** — physical changes which bring about ability to reproduce
- **regurgitation** — a return of food or fluid into the mouth from the stomach
- **reversibility** — ability to think that the reverse of an action will bring back objects to their original state
- **ritualism** — an act that is repetitive and usually meets the security needs
- **school age** — child ages 6 years to 12 years
- **toddler** — child ages 1 year to 3 years

OBJECTIVE 2

Select the word or phrase that completes statements about the normal physical development of children.

Childhood is a time of great physical maturation. The ages that are considered childhood are from approximately 1 to 12 years old. This time between infancy and puberty takes children from their first steps to an almost adult form.

Growth during this period varies. As a toddler, weight gain is approximately 5 - 10 pounds per year and height increases by about 3 inches a year. These gains are seen in spurts. One indicator of future height is at 2, the child will be approximately one-half of future adult height. During preschool age the child grows at a rate of 2 to 2 1 2 inches and 5 pounds per year. During school age the child's height increases 1 - 2 1 2 inches per year. Determination of normal growth is by using standardized charts.

Head circumference is another indicator of growth in the young child. At one year the normal head circumference is approximately 47 cm and increases by only 2 cm during the second year. After age two this measurement is not used.

The **general structure** of the person changes drastically during the childhood period. Skeletal growth of all bones, and especially those of the arms and legs, changes the shape of the child. At the end of infancy the head is approximately equal in circumference to the chest.

After this the head grows slowly while the trunk, pelvis, and extremities grow much faster. This growth follows the cephalocaudal progression. Toddlers have arms that can barely reach above their heads, and legs that are usually close to the same length as the trunk. During preschool years these proportions begin to change. By school age the legs are the longest part of the body, and, when reaching over the head, the elbow is at the top of the head.

Muscle fibers lengthen and gain strength during childhood. For this to occur, the child must be given opportunities to use the muscles. Large muscles are used in walking, running, skipping, throwing, jumping and other such activities. Exercise programs that are fun for the child should be started at an early age. Activities such as coloring, writing, needlework, and building models help develop fine motor muscles. Activities such as these should be encouraged because they take much practice to perfect.

Neurological development is still progressing at the end of infancy. It is essential to understand that prior to voluntary control of any activity, myelinization of the nerve tracts that serve that area must have occurred. This still follows the cephalocaudal progression, and therefore, it is unrealistic to even attempt toilet training prior to the child being able to walk.

The **brain** grows slowly during childhood. The total number of cells found in the adult brain has been made by age one and after that only an increase in the size of the cells occurs. At the beginning of the toddler stage, 75% of brain growth has occurred. By age four 90% of adult size is reached. Brain growth is completed by about age 10.

Many of the **reflexes** that were seen in infancy have now decreased. Those which remain are sneezing, coughing, gagging, swallowing, tearing, and blinking. These remain throughout life as protection from the environment.

Visual acuity at one year is approximately 20/100, and vision is binocular. By age two vision is 20/40 since the eyeball is more rounded. This farsightedness continues until approximately age 7. At that time the eye lengthens and 20/20 vision is attained.

Hearing is usually accurate, but young children have difficulty attending to excessive or unwanted sounds. Toddlers and preschoolers may not hear because they are consciously listening to their own thoughts. These thoughts may be as important to them as the outside noise. Parents often find this frustrating. It also can be dangerous because a child running for a ball in the street may hear the thought of wanting to get the ball louder than the sound of the approaching car.

The **ears** present more difficulties in early childhood than in later childhood. In early childhood the eustachian tube is horizontal and short causing ear infections to be common throughout the toddler and preschool ages. As the head lengthens, the eustachian tube becomes longer and more vertical so that by later childhood, the frequency of ear infections decreases.

The **teeth** go through drastic changes as well. At one year only the four upper and lower incisors have erupted. By 2½ all 20 of the deciduous teeth are present. At about age 6, the first permanent (secondary) teeth, the six-year molars, erupt. Deciduous teeth begin to be replaced. This is especially evident in early grade school pictures when the central incisors are "lost." Dentition is very individual, and may begin at an earlier or later age than these average ages.

The **circulatory system** of the child must compensate for growth as well as for the change in posture to an upright position. The heart grows to accommodate the needs of the child. By the end of childhood (puberty) the heart has reached about half of adult size, and some increase in the left ventricle is seen. Pulse rate slows and blood pressure increases to a near adult level by the age of 12.

During early childhood the **respiratory system** is the area most affected by illness. This is related to the short distance and narrow diameter of the upper respiratory tract as well as to the child's immature immune system. By school age the tract has lengthened, and the immune system is more mature. Respirations decrease to a rate only slightly above adult rate by the end of childhood.

In early childhood the **gastrointestinal system** develops an increase in digestive juices so that they are very similar to an adult. Peristalsis is more efficient, but diarrhea and vomiting may still occur easily in the toddler. Dehydration from this remains likely. By later childhood, these problems decrease.

Control of gastrointestinal and urinary waste is one of the major tasks of the toddler. Throughout early childhood "accidents" may occur. Enuresis and encopresis that continue past school age may need medical assessment and intervention.

Although exploration of the genitals is common, especially during the preschool age, it is only during the end of childhood and the beginning of adolescence that **sexual organs** begin to function. This maturation of the sexual organs signals the physiologic changes that occur toward adult maturity.

OBJECTIVE 3

Match Erikson's stages of psychosocial development for children with the corresponding age group and primary goal of each stage.

Stage	Age Group	Primary Goal
autonomy vs. shame and doubt	Toddler	to achieve a sense of self-control
initiative vs. guilt	Preschool	to act independently
industry vs. inferiority	School age	to act independently and to achieve skill competence

OBJECTIVE 4

Select the word or phrase that completes statements about the psychosocial development of children.

Much study and research have been devoted to the development of children. The information here presents only a few of the highlights. Erikson developed the stages of psychosocial development, and that format will be used to structure the information.

During the **toddler period** the child must deal with the conflict of **autonomy vs. shame and doubt.** The primary goal during this time is to achieve a sense of self control. Usually the greatest challenge of this time is toilet training. Children must progress through the conflicts of personal desires versus those outside themselves. This is when the child must learn to follow social demands. A delicate balance between demands and no limits makes parenting difficult at this time. Consistency helps the child avoid confusion about what is expected or allowed.

Negativism, seen in the form of saying "no" to most questions, must be viewed not as defiance but as a recognition that these children see themselves as in control. Toddlers need firm guidance because they lack the judgment to choose wisely. Parents and other care givers should avoid yes/no questions such as "Do you want your bath now?" Use questions that give the child control over something that matters to them such as "Do you want your duck or your boat in your bath?" Routine is important because it gives the child security. Ritualism is very common with the toddler. A particular way to hang their coat or the glass of water at bedtime provides security.

Socialization outside the usual family and regular care givers is limited. Parallel play is common at this age. The toddler thinks of other children as objects. Strangers are viewed as something new and out of routine. Keeping the same care providers provides security at this time.

The greatest fear of the toddler is loss of the parent or parents. When it is necessary to leave a toddler with someone else, refer to return time by events such as "after your nap" rather than "at 3 o'clock." This is also necessary throughout the preschool period.

The **preschool conflict is initiative vs. guilt.** The primary goal of the child during this time is to be able to take action on their own. This is a time for rapid learning about new things, new words, and new ways of acting. The preschooler likes to do activities, especially those which imitate adults. First attempts are awkward and result in typical preschool appearance of shoes on the wrong feet, shirts on backwards, and clothes that do not match. New words are tried—some of which may not be acceptable to the parents. Fantasy is very active at this time, and to help the child gain a sense of reality, the appropriate response to a fantasy can be "That's a real nice story, but what really happened." Simple explanations, which may need to be repeated several times, help the preschool child. Supervision is necessary because judgment is not developed. Consistency of expectations allows the child to focus on behaviors.

According to Freud, it is during this Phallic stage that children have conflicts with the same sex parents. The Oedipus complex in boys and the Electra complex in girls are ways in which the child deals with a desire to gain approval from the parent of the opposite sex. The conflict is usually resolved by the end of the preschool period, and the child identifies with and imitates the parent of the same sex. Most sex role behavior is learned during this time, and children will follow the example that they see. They understand that they are a boy or a girl, but this is not significant to them at this time. Questions about sex should receive a simple, truthful answer. Play with the genitals can be dealt with by providing a socially acceptable substitute.

Cooperative play that involves peers assists the child in making the initial step toward socialization. The strongest social influence at this time is the family. The values shared by the family are seen in the interactions with peers. It is during this time that play is most essential and is therefore frequently referred to as the work of children.

It is helpful to preschool children to be with children their own age. This helps them realize that the things they do are "okay" because they are a child. Preschool children with little exposure to peers frequently see themselves as less than everyone since their "everyone" is only adults.

The **school age child**, in resolving the **conflict of industry vs. inferiority**, work toward not only acting independently but also producing quality. The child seeks approval for actions. Since the child has the expanded social area of school, the approval may be from a teacher, a peer group or parents. School age children are often very competitive.

All children need to feel that they have achieved something. Feeling successful and positive is critical. These successful achievements may be in sports, games, hobbies, academics, art, music, or many other areas. Parents and all other care givers should help the child find something that she or he does well. It is during this time that having a positive self-esteem becomes very important. A child who never does well in anything will stop trying to do everything. It is necessary for parents and other care givers to positively recognize the efforts of school age children. Recognition may also be given or withheld by peers, and this may influence the child. It is important for parents to remember that although peer recognition is highly valued by children, parental recognition remains the most important to the child's self-esteem.

Socialization efforts begin to expand into more areas during school age. Although parents and family remain as the base of values and relationships, the child has more opportunities to relate to others. School provides the greatest outside influence at this time. Conflicting values may pose a challenge for the child. Values broaden with age and experience. At various times during school age, socialization is more acceptable with same sex peers. By the late school age, social interaction will usually include opposite sex peers as well.

OBJECTIVE 5 **Arrange in order of occurrence during childhood Piaget's stages of cognitive development.**

From the ages of 1 to 12, cognitive development progresses from a very basic level of sensation and movement to a level of logical symbolic thought. The cognitive stages of Piaget can be used to recognize this progression. Piaget's stages occur in the following order.

1. Sensorimotor
2. Preoperational
3. Concrete operational

OBJECTIVE 6 **Select the word or phrase that completes statements about the cognitive development of children.**

Cognitive development in the period from ages 1 to 12 progresses from a very basic level of sensation and movement to that of logical symbolic thought. They cognitive stages of Piaget can be used to recognize this progression.

At the end of infancy the child is still in the **sensorimotor stage** of thought. By one year the child is able to experiment with simple solutions to problems. If an object is on the table, the child may use a toy to reach the object. Each situation is new, and previous experience does not carry over to subsequent experiences. As the child gets older, successful solutions are repeated when the same situation is encountered without repeating unsuccessful attempts. By the end of the sensorimotor period, about age 2, the child is able to solve problems by carrying out solutions in his or her head, and no longer has to rely on trial and error experimentation. Being able to represent objects and actions mentally is the first step to being able to think before acting.

The **preoperational stage** is often divided into two sub-stages, **preconceptua**l and **intuitive.**

In the **preconceptual stage** the child starts using symbols. Thoughts and events begin to take on words, such as "after lunch" refers to a regular event with which the child is familiar. During this stage, the child is able to repeat observed actions and behaviors after much time, sometimes days or weeks, has passed. At this stage, as in the sensorimotor stage, the children are very egocentric. They are incapable of seeing the world from any other view but their own. They can't look at situations as their parents would.

From ages 4 to 7 the child is usually in the **intuitive stage**. The child may center on one aspect of a situation and be unable to conceive of other relationships between the objects. The child at this stage may be able to make choices but often lacks the ability to make judgments. Thoughts and interpretations are very literal at this time because the ability to think abstractly has not yet developed.

Thoughts do not have reversibility during this phase. The same amount of water poured from one glass to a differently-shaped glass becomes a different amount to this child because the shape is different.

By the end of this preoperational stage, children have highly developed concepts of language and number. Throughout this stage children become less and less egocentric, until by the end of the stage, they are beginning to be able to see things from another person's perspective.

From ages 7 through 11 the child is said to be in the stage of **concrete operations.** Piaget describes an operation in terms of actions that occur in the mind. Children begin to be able to read without saying the words out loud and can perform math in their heads. Thinking becomes much more consistent and logical; thoughts can operate in relation to each other. Most of the children's thoughts at this stage still relate mostly to real, or concrete, things. They usually are not yet capable of thinking about abstract thoughts or concepts. The child must have had experience with the subject to be able to mentally act upon it.

At each of these phases it is important for parents and care givers to be aware that children are thinking about their world from the viewpoint that their cognitive development allows. For this reason, it is important to provide a variety of experiences appropriate to age level that will promote optimum cognitive development. Free play, relatively unstructured, activities such as playing house, school, or office, are especially good for preoperational children.

It is also important to note that the passage from one stage to the next does not mean that the child has gotten smarter. It actually has nothing to do with intelligence; it has to do with the way the person is able to think and relate to the world around them.

OBJECTIVE 7 **Describe ways to promote the health of children.**

During childhood the responsibility of maintaining good health begins to switch from being totally provided by others to basic self determination of health practices. Therefore, it is the responsibility of the parent or care givers to not only provide for children's health but to also help the children learn to value health themselves so that they will continue to practice good health techniques as they grow up.

Need for rest decreases as the child becomes older. At one year the child usually needs approximately 12 hours of sleep per day. By the preschool age 8 hours at night with one nap period is usually sufficient. By school age naps are less frequent and 8 hours per night is adequate. Regular times to rest should be set aside so that children feel that rest is part of their regular routine. For toddlers and preschool children this is especially important.

Fears are frequent during childhood; nightmares are often a result of these fears. This may be a reason for a child resisting bedtime. The child should be allowed to share the fears that brought on the nightmare. Actions should be taken to help reduce the fears. A nightlight may help lessen some of the fears. Children should be reminded of what is real, but should not be belittled or allowed to manipulate because of the fear.

Most children obtain **adequate exercise** if allowed to participate in outside play. Although outside play should be supervised, it is necessary to allow children the freedom to use muscles without always being told to "slow down." By school age, the child should be encouraged to participate in physical activities and games which promote fitness. A combination of aerobic and interval exercises that include flexibility, coordination and endurance should be available. It is important to realize that the activities should be fun. The purpose is not to train athletes but to give the child activities that can be used to build muscular strength for adequate support and to maintain fitness for life.

Prevention of disease remains focused in the area of communicable disease. **Immunizations** continue to be of utmost importance in avoiding preventable disease. In Oklahoma, parents are reminded that, for their child's best protection, basic immunizations "are due by two." The Oklahoma State Department of Health recommends that all children be fully immunized (5 doses of DTP, 4 doses of Polio, 2 doses of MMR, and 4 doses of HbCV) before kindergarten enrollment. Current law requires at least 3 doses of DTP, DT, or Td; 3 doses of Polio; and 2 doses each of Measles, Mumps, and Rubella. The measles, mumps, and rubella must have been received after first birthday.

The following chart describes Oklahoma's recommended schedule for all vaccinations.

Oklahoma's Recommended Immunization Schedule

Age	**Vaccines**	**Information**
2 months 4 months 6 months	DTP, Polio, HbCV DTP, Polio, HbCV DTP, HbCV	**DTP:** 0.5 ml Diphtheria, Pertussis, and Tetanus, absorbed type, administered intramuscularly **Polio:** TOPV (Trivalent Oral Polio Vaccine) **HbCV:** Haemophilus Influenzae type b, administer intramuscularly
15 months	DTP, Polio, HbCV, MMR	These may be given simultaneously and are considered to be an integral part of the primary immunization series **MMR:** one dose, 0.5 ml of Measles/Mumps/Rubella combined, administered subcutaneously
4 to 6 years	DTP, Polio, MMR	Should be given prior to school entry. Substitute 0.5 ml Td (adult strength) for children 7 and above
Every 10 years thereafter	Td	0.5 ml Td (adult strength) should be given intramuscularly at 10 year intervals to everyone 7 and above

Active **dental health care** begins during the childhood period. Fluoride treatments may be continued if adequate amounts are not in the water. Brushing should be a skill that the child learns by at least preschool age. Prior to that the parent needs to perform this. Flossing should begin during the toddler period. An initial visit to a dentist before actual dental work is done is highly recommended. This promotes a more positive view than having to have a painful procedure performed during the first visit. Regular checkups prevent excessive damage.

Again, it is necessary to stress that children need experience and explanations in health maintenance. This lays the ground work for better self-care as an adult.

OBJECTIVE 8 **Select the word or phrase that completes statements about administering medications to children.**

The same basic concepts of administering medications apply when administering medications to children. The nurse must be knowledgeable about the patient's need for the medication, the drug being given, the rights of administration and the correct techniques. Particular attention to accuracy of dosage is necessary because of the small amounts being used. Risk of overdosing is increased because even a small inaccuracy in dosage is potentially capable of resulting in death or disability.

There are several methods for calculation of pediatric doses. These methods include age, weight, and body surface. For simplicity, using weight is the most common method. The following is one formula used called Clark's Rule.

$$\frac{\textit{Child's Weight (in lbs)}}{150} \times \textit{Adult Dosage} = \textit{Child Dosage}$$

Preparing children for administration of medication should be done immediately prior to administration. Children's fears increase with time between explanation and the procedure. Further cooperation can be gained by involving parents in the procedure.

Equipment for administration to children must be gauged to measure small amounts. Most liquid medication will be measured in a syringe whether for oral or parenteral use. Syringes, (1 or 5 cc) may be used for accurate measurement of oral liquids. Parenteral injections should be given in the smallest syringe that will measure the desired amount. The needles used for intramuscular injection range from ⅝ ⅝ inch for small infants to 1½ inches for a large child. Gauge of needles are from 21–25 with the larger gauges (21–22) being used for thick medications such as antibiotics. Plastic cartridges are preferable to the metal type because they are less frightening. Volume control chambers (such as Buretrol) are used more frequently with children on I.V. to maintain a lower rate of infusion and also to provide for medication.

Specific techniques are necessary for most types of administration. Oral medications are usually liquid. If it is necessary to put medication in a medium such as syrup or applesauce, use only a small amount of medium. Pills and capsules may be difficult for the child to swallow. If a child's pill requires division or crushing, consult a pharmacist. The equipment available to the pharmacist is more accurate and better enables the exact, correct dosage to be obtained. The pharmacist should also be consulted when capsules present a problem. Generally a different form or drug may be necessary since opening capsules is not recommended. As is true with all food and liquid being given to children, the child should be upright. To decrease the risk of aspiration, the child should not be crying. Holding the child's nose is NEVER acceptable.

Regurgitation is a risk with oral medications. For this reason, rectal medications are frequently used in children. Suppositories should not be cut or divided. As always, suppositories should not be placed into fecal material since absorption does not occur.

Injections should be prepared out of sight of the child. They should be completely prepared and ready to give before taking them to the child so that there is no delay. Only brief explanations are useful; delay only gives the child more time to worry. The preferred sites are the vastus lateralis (especially under age 2), posterolateral gluteal (over age 2 only), ventrogluteal and deltoid. Although the deltoid absorbs the fastest, only small amounts of thin medications should be used here.

Ear drops must be used at body temperature. For children under 3, the pinna should be pulled down and back; for children over 3 (and through adulthood), the pinna is pulled up and back. Children need to be reminded not to wipe their eyes when eye drops are given. Nose drops are frequently given to young children and are best administered before eating. Children should be told to keep their heads back for 2–3 minutes after receiving nose drops. Many nose drops lose their effectiveness after several days, so this type of medication may need to be changed.

Providing children with opportunities to express their fears about medications promotes better cooperation. Letting children "give" medication to dolls during play is one way to allow children to deal with their fears. Each child is different. What works best for the individual child needs to be made part of the care plan. This will help provide the best conditions for the medications to work in.

OBJECTIVE 9

Select the word or phrase that completes statements about children's nutrition.

Nutritional needs during childhood reflect that the child grows in spurts. As a toddler the child needs a greater proportion of dairy products to other food groups. As the child becomes older, the basic proportions stabilize.

Weight is the most important assessment for nutrition of the child. Additional assessment can be made by getting information about the intake of the four food groups and the percentages of the three nutrients.

Appetite changes with differences in growth rate. As the child grows "food jags" are to be expected. Active children may be too "busy" to eat. It may be necessary to provide, for the child on the run, a variety of quality finger foods. Children learn most food preferences from respected adults. For this reason, it is important for parents to set good examples so that the life long nutrition habits of the child will promote good health.

OBJECTIVE 10

Select the word or phrase that completes statements about safety measures for children.

The leading cause of death for all ages of children is accidents. Toddlers have no understanding of danger or safety. As the child matures, teaching the basic safety rules at the appropriate level helps children learn to make judgments about situations which may have risks. By the end of the childhood stage, most children should be able to recognize and prevent many of the dangerous situations that can cause accidents.

Curiosity and a **lack of judgment** are the causes of many injuries to children. Their curiosity makes them climb to high heights when they do not know the danger of falling. Stairs, chairs, and shelves are the most common home objects that children climb and often fall from. Trees, large holes, and uneven climbing surfaces such as rocks present outside dangers. Children sometimes become trapped in old refrigerators, caves, or drain pipes because of their curiosity. Small objects such as scissors pose hazards because of the child's lack of judgment in proper use and handling. Avoiding all of these hazards is neither reasonable nor possible, but children should be supervised and the risks minimized.

The use of **child restraints and seat belts** significantly decreases the risk of severe injury to children while in the car. Most states require the use of approved car seats with child care restrains until the age of 4. Parents should recognize the importance of setting an example by always wearing seat belts. In fact all persons in a car should wear seat belts.

Children have little concept of the **power of vehicles** such as cars and lawn mowers. For this reason children should not play in areas where vehicles are used. Driveways and garages have frequently been the site of fatal accidents to children. Adults must constantly watch for children when driving, or even just moving a vehicle. An additional danger exists when children are left alone in a parked car or have access to the car keys. Children also are injured when their play takes them into a street. The child is often unable to judge the risks when actively involved in play. It is important to teach basic street rules such as looking both directions and walking on the side facing traffic. Setting an example is again the best teacher of these rules.

Play activities which often cause injury and which present traffic hazards are **tricycles, bicycles, skateboards, roller skates** and **roller blades.** It is important for parents to provide appropriate safety devices such as helmets and knee pads when allowing children to participate in risky activities. Wearing protective devices should become a required part of the activity as is true in most organized sports. All safety rules that apply to particular activities should also be taught.

Poisoning is another major risk during childhood. Very young children place most objects in their mouth. All materials that are potentially harmful should be placed in child-proof areas. Cabinets that contain potentially harmful products must be kept locked because children can get into even out of the way cabinets. Even with these precautions, parents should keep the number of the local poison control center available for quick reference.

Electricity presents a risk to children. Protective devices that cover plugs are available in many places. By preschool age children can be taught to plug in and unplug electrical items correctly. Power tools and kitchen appliances pose hazards. The increasing use of electrical devices in the bathroom (blow-dryers, curling irons, electric razors) places a responsibility on parents to store these items correctly and to teach their proper use at an early age. The combination of electricity and water in close proximity increases the risk of electrocution. Instruction on the proper, safe, use of all electrical appliances should be given.

Any body of **water,** no matter how small or shallow, is a potential danger spot for a child. Since it is the most available, the bathtub presents the greatest risk. Pools, streams, lakes, drainage ditches, and even puddles, buckets, and toilets also present risks. Children should be warned that small, slow-moving streams and empty drainage ditches become full of fast moving, often deep, water after rains. They should never play in these areas. Close supervision is necessary anytime a child is near water. Pool safety rules, such as no horseplay or running, should be explained and enforced. The child should be taught that fences around pools are there for protection and should never be climbed. Swimming alone is never acceptable.

Accidents involving **weapons** such as guns and knives also occur during childhood. Parents should keep weapons in cabinets that are securely locked. Children should be told that these weapons are not toys and should never be played with. It is never to early to begin to teach children never to play with guns. If children accompany parents during events such as hunting, the child should be taught the safety measures that are part of the event. Until they are old enough to understand the safety rules that must be followed, children should not participate in the events.

Parents and other care givers should have two goals in regard to children's safety. First they should take all steps needed to protect children from injury. Second, they should begin to teach safety rules as soon as the children are old enough to understand so that as the children get older they will be able to begin to assume responsibility for their own safety. All adults should set good examples and explain the why's and how's so the child understands.

OBJECTIVE 11 **Discuss legal/ethical aspects of the care of children.**

Legally, the determination of the care given to a child is made by the parents. Parents must be continually informed during the care process. Frequent assessments should be made to determine the amount of understanding on the parent's part. Legal problems can arise during care of children when custody of the child is a question. Missing children are frequently in the care of the non-custodial parent, and care authorized by that parent may be questioned.

Children disappear almost daily, and, while they are sometimes kidnapped by strangers, they are often taken by the non-custodial parent or another relative. Documentation that lists the appropriate people to pick up a child should be on file wherever the child is staying. Children should be warned never to go anywhere with, or take anything from, strangers. In case of an emergency, it is also suggested that children and the custodial parents have a code word that will let the child know the person was really sent by the parent.

It is advisable to have recent photographs or videos of all children. A set of fingerprints is also helpful. Police departments, service groups, and businesses will often fingerprint, and even photograph or video, children free of charge. Children should also be taught their full name, address, and phone number as soon as possible. They should also be taught what to do in potentially dangerous situations. These discussions should be handled in a positive manner that does not unnecessarily scare the child.

Another legal issue comes about when parents refuse treatment for personal or religious reasons. Courts generally recognize the parental right of decision unless life itself is in danger.

Child abuse continues to be a major legal issue. All suspected abuse must be reported.

OBJECTIVE 12

Select the word or phrase that completes statements about measures which minimize the effects of hospitalization on children.

Hospitalization affects children more than adults. Children have fewer skills to cope with illness and strange surroundings. They are also in the process of growing and developing. These factors interact to intensify the effects of hospitalization. Care of children in hospitals should assess the impact of these on the individual child.

Illness alone is frightening to the child. Many children feel that illness and pain are a result of bad behavior. Body image is being formed, and illness detracts from a positive view of the body. The procedures used in the hospital present a further perceived risk of mutilation. Most children benefit by being allowed to express fears in play activities, drawing or discussions.

The most important means of providing security for a child in the hospital is to have the parents present. When the parent is not present, it may be helpful to have an object which the child associates with the parent within sight of the child. Items such as familiar toys, "security blankets," and regular clothes decrease the strangeness of the hospital. Letting the child play with hospital objects that would not be dangerous also helps make the child feel more comfortable. Initially, it may be best to perform the procedure before allowing the child to play with the objects since fantasizing by the child frequently is worse than the experience. Assessing home routines and making them part of the care plan also eases the fears caused by hospitalization.

The level of growth and development of each child must be assessed and plans made to minimize negative effects. Nurses should carefully review the physical, psycho-social and cognitive aspects for age groups. Each child must be free to express fears through regression. This is another aspect in which assessment of home activities can provide for better care within the hospital.

Hospitalization affects not only the ill or injured child but also the rest of the family. Provisions for other children must be made. This frequently causes both financial problems and increased sibling rivalry. Even when the child is discharged from the hospital, the parents should be made aware of the need for all family members to regain the security of the accepted roles within the family. The child may need to vent frustrations which built up as a result of hospitalization; the other family members may also have frustrations to work through. Preparation for discharge of the child should be ongoing throughout hospitalization so that the parent feels secure in their role of provider at discharge.

OBJECTIVE 13

Describe role and relationship patterns of children.

During childhood the most significant relationship is with the parents. Parents provide for both physical care and for the psychological resources on which most of the child's life skills are based. Even though during latter childhood the child increases the scope of significant others to include peers and other adults, the parents remain most influential.

Divorce during childhood presents both a role and a relationship change. Children frequently feel that the divorce is their fault. Both parents should talk to the children to help allaying their fears. Further confusion is brought about by remarriage. Children should again be allowed to express their feelings. However, it is detrimental to allow children to make the decision on whether or not the parent should remarry. Realigning children within a blended family is a slow process, and all adults within the relationship should take responsibility for decreasing any negative impacts without letting the children control the situation. Many times the child realizes that new limits may be set and desires the security of simply knowing what the limits are.

Socialization is begun during this time. The type of interaction with strangers, peers and others should be observed so that socialization occurs easily. Children who are more secure in home relationships have an easier transition to extended social relationships. Parents should encourage socialization by asking about friends and by setting an example of friendship. Children should be taught to discriminate good strangers (police, nurses) from bad strangers. This presents a challenge, but resources are available to help the parents and other care givers teach the child to distinguish between good and bad strangers.

By the end of the childhood period school occupies a major part of the child's time. Again, it is imperative that parents set the example of valuing education by reading, by explaining how they use skills learned in education in their jobs, and by being interested in school work and activities.

Each child reacts to the expectations of society in a different way. Parents and care givers should take time to listen and try to understand how the child views himself or herself and others.

ACTIVITY SHEET

Development of:
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS

- Introduce the assignment to the students by discussing why the oral communications, interpersonal or relating, and creative thinking/problem solving skills are important.

- Discuss with them the following skills that are relevant to this task.

  ORAL COMMUNICATIONS SKILLS

  — Use good speaking techniques

  — Communicate with professional colleagues/associates

  INTERPERSONAL OR RELATING SKILLS

  — Interact with co-workers

  — Apply information to life experiences

  CREATIVE THINKING/PROBLEM SOLVING SKILLS

  — Create a finished product

  — Transfer knowledge/training to new situation

- If students have difficulty using good speaking techniques:

  — Remind them to speak clearly; their voices should be loud enough to be heard, but not so loud to be offensive.

  — Suggest that they practice before doing the actual presenting. Practicing in front of a mirror helps many presenters.

  — Discuss with the group the importance of knowing their information so that their speech is smooth, without long pauses or frequent "eh's." Remind them to stress important facts by slowing down or speaking louder. It is also good to repeat or summarize important points.

- If students have difficulty communicating with professional colleagues/associates:

  — Remind them that one of the keys to getting along with and successfully communicating with professional colleagues/associates is cooperation and compromise. Have the students suggest reasons that it is important that associates work together and ways to accomplish this cooperation. Discussion should include working as a team with a common goal, not blaming others for problems or mistakes, furnishing help or making constructive suggestions when needed, listening to suggestions from others, etc.

  — Remind them to treat their colleagues/associates the way they would like to be treated. This helps ensure that all workers will be treated with respect.

- If students have difficulty interacting with co-workers:

  — Remind them that one of the keys to getting along with and successfully interacting with co-workers is cooperation and compromise. Have the students suggest reasons that it is important that co-workers work together and ways to accomplish this cooperation. Discussion should include working as a team with a common goal, not blaming others for problems or mistakes, furnishing help or making constructive suggestions when needed, listening to suggestions from others, etc.

  — Remind them to treat their co-workers the way they would like to be treated. This helps ensure that all workers will be treated with respect.

- If students have difficulty applying information to life experiences:

  — Remind the students that what they are learning in school should have some application to everyday life. Tell them that as they study new topics or subjects they should think about how they will be able to use the information in their lives. Explain that sometimes the connection will be easy to identify—like studying how to budget money. Other connections will be harder to identify because some subjects serve as the basis for other skills.

- If students have difficulty creating a finished product:

  — Have them to go back to the beginning and reidentify what it was they wanted to accomplish. Have them ask themselves how they intended to accomplish this and why it has been difficult to accomplish. Have them decide if their original idea is "do-able" or if they should decide on a new final product that they will be able to complete.

- Be sure that the students realize that one of the most important aspects of creating a finished product is the planning of the desired finished product.

- If students have difficulty transferring knowledge/training to new situations:

  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

  - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

  - A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

  - Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

CONSTRUCT APPROPRIATE PLAY/LEARNING MATERIALS FOR THE CHILD

Play is the work of children. Because children spend so much of their time playing with toys or with other learning materials, it is important that these products be fun, safe, and developmentally-appropriate. What is appropriate for an 8 year-old child is probably not appropriate for a toddler.

Choose an age group. Design a toy or learning material for a child in that age group. If it is possible, actually make the product. Include with the product a label that includes the intended use and the intended age. If it is not possible to actually construct the product, prepare a detailed description sheet that includes drawings and any other information needed to thoroughly understand the product.

Have two or three students evaluate your toy by answering the questions below. Be prepared to explain the product, its appropriateness, and its use to the evaluating students.

Is this toy appropriate for specified age? Why or why not?

Will this toy fulfill its purpose? Why or why not?

Is this a safe toy for the age child? Why or why not?

Is this toy visually appealing? Why or why not?

How could this toy be improved?

Oral Presentation

- Use good speaking techniques

Interactive Communication

- Communicate with professional colleagues/associates

General Relating

- Interact with co-workers
- Apply information to life experiences

Cognitive Activities

- Create a finished product
- Transfer knowledge/training to new situations

CARING FOR CHILDREN

ASSIGNMENT SHEETS 1–4

Development of:
READING SKILLS
WRITING SKILLS
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why the reading, writing,oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.
- Discuss with them the following skills that are relevant to this task.

READING SKILLS

— Gain factual information

— Interpret forms and records

WRITING SKILLS

— State ideas clearly

— Proofread and edit

ORAL COMMUNICATIONS SKILLS

— Apply questioning techniques

— Conduct/receive interviews

— Communicate with clients/customers/patients

INTERPERSONAL OR RELATING SKILLS

— Participate in group activities

CREATIVE THINKING/PROBLEM SOLVING SKILLS

— Collect/record information

— Draw conclusions

— Create a finished product

— Transfer knowledge/training to new situation

EMPLOYABILITY SKILLS

  - Master specific job task/procedure

- If students have difficulty gaining factual information:

  - Remind the students that they probably read for many different reasons. One of the reasons they read is to learn new information. The reason you have for reading helps determine the way you read.

  - Have the students discuss the different techniques they use when reading. Lead the discussion so that the students realize that when they read for fun, they may read quickly, they may skim some parts and read others more carefully. Reading to learn facts requires more care.

  - Suggest that one of the techniques that has been found to be successful includes the following steps.

    Identify in advance what it is that you want to learn. Be certain that before starting to read, you have a clear understanding of what you want to accomplish.

    If the material to be read includes a table of contents, study it to get an understanding of how the material is organized.

    Scan through the material noting headings, highlighted information, illustrations, etc.

    Read the material carefully. Take notes or highlight as you read, listing or marking the information you want to learn.

    Study your notes/highlighted material. Ask yourself if you found all you wanted to learn. If not, reread the material or locate another source for the information.

  - Tell the students that they should find a technique for reading to learn factual information that works for them.

- If students have difficulty interpreting forms and records:

  - Remind them that interpreting forms and records is a skill they will be practicing throughout life. We must read and interpret forms or records almost daily. Have the students volunteer to tell what types of forms or records they will encounter or have already encountered. Interpreting forms and records is very similar to reading a page. Each part of the form or record has a specific purpose.

  - Suggest that, when they have a form or record to interpret, they should carefully study the headings and the sections within the form or record. Also study the key or any other information that will help you understand the meaning of the form or record.

- If students have difficulty stating ideas clearly:

  - Remind the students to decide in advance what ideas they want to convey and who their audience is. Knowing about the intended audience is important because it helps determine how to present the ideas most clearly.

  - Explain that as they do their research, they should begin to decide how to best present their ideas to their audience. Some possible methods include written reports, charts, graphs, diagrams, etc. Remind them that the intended audience should influence how the material is presented (very simple with lots of pictures for children, a great deal of background information for people who know a little or nothing about the subject, and little background with more complex information for experts).

  - Have the students work with a partner or in a small group. Provide time for the students to share their ideas with each other and make suggestions as to ways to make the ideas more clear.

  - Remind the students that careful preplanning and the use of correct grammar, spelling, punctuation, and capitalization are especially important if their ideas are to be clearly understood by the intended audience.

- If students have difficulty proofreading and editing:

  - Remind the students that writing involves a step-by-step process of planning, revising, editing, and proofing. It is revised for clarity, organization, grammar, spelling, and mechanics. Suggest that, as they read what they have written, they ask themselves if the reader will know what they're trying to say.

  - Have the students work with partners or in groups and review each others' writing. Allow time for the students to discuss the comments with their partners or groups. Have them help each other decide how to revise their writing.

  - Help the students develop a checklist to use as they revise, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.

  - Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.

- If students have difficulty applying questioning techniques:
  - Remind them to plan in advance what they want to ask during the interview by deciding what they need to learn from the interview.
  - Explain that it is always a good idea to have a written list of the questions they want to ask so that no important questions are omitted.

- If students have difficulty conducting interviews:
  - Remind them to either record the interview or take notes instead of relying on their memories.
  - Discuss with them the importance of being prepared when they go to interview someone. Suggest that they always take a written list of questions that they want to ask.
  - Also, remind them to thank the person for taking the time to talk to them.

- If students have difficulty communicating with client's/customers/ patients:
  - Remind them that one of the keys to getting along with and successfully communicating with clients, customers, or patients is treating these people with the same respect and attitude you would like to receive. Remind them that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are just that—theirs—and should not be imposed on other people. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if the beliefs seem strange or different.
  - Remind them that one of the best ways to successfully communicate with anyone is to listen thoughtfully and carefully to the other person or person. Don't assume that you know what the other person is going to say because doing this often leads to misunderstandings.

  - Have the students discuss ways they have successfully communicated with clients, customers, or patients. Briefly sum up the ways people have been successful.

- If students have difficulty participating in group activities

  - Remind them of the importance of cooperation and compromise when working in groups. Ask them what would happen to their favorite sports team or musical group if one of the members decided not to do his or her share.

  - Discuss possible methods to use to settle disputes or arguments that might arise. Remind them of the importance of really listening to what others are saying and remembering that it isn't always necessary to get your own way.

  - Remind all the students that they will probably be working with groups of people throughout both their working and personal lives.

- If students have difficulty collecting/recording information:

  - Suggest that they first decide how and where the information will be collected and recorded. It is also very helpful to identify how the information will be used. Explain that it is always best to come prepared with pencil or pen and a preplanned sheet for recording the specific information to be collected. This preparation allows the people collecting and recording to devote careful attention to their work.

- If students have difficulty creating a finished product:

  - Have them to go back to the beginning and reidentify what it was they wanted to accomplish. Have them ask themselves how they intended to accomplish this and why it has been difficult to accomplish. Have them decide if their original idea is "do-able" or if they should decide on a new final product that they will be able to complete.

  - Be sure that the students realize that one of the most important aspects of creating a finished product is the planning of the desired finished product.

- If students have difficulty transferring knowledge/training to new situations:

  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

- — Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

- — A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

- — Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

- If students have difficulty mastering specific job task/procedure

  - — Discuss the importance of mastering specific job tasks or procedures. Explain that it is probably impossible to find a job where there isn't a task or procedure to be mastered. Remind them that future employers will be more likely to hire people who can already perform the tasks required.

  - — Ask the students to share methods they have used to master specific job tasks or procedures. Discuss these methods with the class.

ASSIGNMENT SHEET 1

CARING FOR CHILDREN

IV

Name ______________________________ Score ____________

OBJECTIVE 14

Prepare a plan of care to decrease the effects of hospitalization on a child.

INTRODUCTION

The effects of hospitalization on a child and on his or her family can be lessened by using a carefully prepared, well thought out care plan.

DIRECTIONS

Using an actual or imaginary patient, complete a care plan to decrease the effects of hospitalization on a child.

Following are some suggestions for nursing diagnosis from which to start.

Anxiety

Altered Comfort: Pain

Family Coping: Potential for growth

Ineffective family coping: Compromised

Altered Family processes

Fear

Altered Growth and development

Altered health maintenance

Impaired home maintenance management

Potential for infection

Potential for injury

Altered nutrition: less than body requirement

Altered nutrition: greater than body requirements

Altered parenting: potential

Impaired skin integrity: potential

Language
- State ideas clearly

Composition
- Proofread and edit

General Relating
- Participate in group activities

Cognitive Activities
- Create a finished product
- Transfer knowledge/ training to new situations

ASSIGNMENT SHEET 2

CARING FOR CHILDREN IV

Name ______________________ Score __________

OBJECTIVE 15 **Assess growth and development of the child.**

INTRODUCTION Professional care providers need to be able to determine whether a child is at an appropriate level, both physically and developmentally. This assignment provides practice in assessment of both these areas.

DIRECTIONS Use the information provided by the instructor to gather information about the child you are assessing. This exercise is to familiarize you with the types of information which may be used in assessing development. It is not intended to give diagnostic information or to be included in a permanent record. Permission for this use should be obtained from the parent.

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

Cognitive Activities
- Collect/record information
- Draw conclusions

Age of this child in years and months. ______________________

Part One

Obtain information on height and weight.

Height and Weight ______________________

Graph on height and weight chart. ______________________

What percentile is this child at this time? ______________

Part Two

Interview for screening information.

In which area was this child most advanced? ______________

In which area was this child least advanced? ______________

Was the child within the normal range on the majority of the areas? If not, what was unusual. ______________________

____

Describe the setting of this interview. ______________

____

____

Summarize how this information assesses development.

____

____

____

ASSIGNMENT SHEET 3

CARING FOR CHILDREN

IV

Name ______________________________ Score ____________

OBJECTIVE 16 **Evaluate immunization needs for a child using an immunization card.**

DIRECTIONS Use the information given in the information sheets to determine immunizations are suggested, according to the Oklahoma immunization schedule, for the following children. Fill in the spaces on the card with today's date to indicate what would be given or write none after the name and age if none are needed at this time.

Reading Comprehension
- Gain factual information

Functional Reading
- Interpret forms and records

Job Acquisition/ Development
- Master specific job task/ procedure

1. Deidre, age 19 months

Vaccine	**Date Given**	**Signature or Stamp** (Doctor or Clinic)
DTP 1	3/1/91	LCHD
DTP 2	5/1/91	LCHD
DTP 3		
DTP 4		
DTP 5		
TOPV 1	3/1/91	
TOPV 2	5/1/91	
TOPV 3		
TOPV 4		
MMR 1		
MMR 2		
HbCV 1	3/1/91	
HbCV 2	5/1/91	
HbCV 3		
HbCV 4		

2. Bart, age 4

Vaccine	Date Given	Signature or Stamp (Doctor or Clinic)
DTP 1	8/1/88	SMCH
DTP 2	10/1/88	SMCH
DTP 3	12/2/88	SMCH
DTP 4	12/1/89	SMCH
DTP 5		
TOPV 1	8/1/88	SMCH
TOPV 2	10/1/88	SMCH
TOPV 3		
TOPV 4		
MMR 1	12/1/89	SMCH
MMR 2		
HbCV 1		
HbCV 2		
HbCV 3		
HbCV 4		

3. Simon, age 8

Vaccine	Date Given	Signature or Stamp (Doctor or Clinic)
DTP 1	10/1/85	TSHD
DTP 2	12/1/85	TSHD
DTP 3	2/1/86	TSHD
DTP 4	2/1/87	TSHD
DTP 5	10/1/90	TSHD
TOPV 1	10/1/85	TSHD
TOPV 2	12/1/85	TSHD
TOPV 3	2/1/87	TSHD
TOPV 4	10/1/90	TSHD
MMR 1	2/1/87	TSHD
MMR 2	10/1/90	TSHD
HbCV 1	10/1/90	TSHD
HbCV 2	12/1/90	TSHD
HbCV 3	2/1/91	TSHD
HbCV 4	2/1/92	TSHD

4. Maria, age 10

Vaccine	**Date Given**	**Signature or Stamp** (Doctor or Clinic)
DTP 1	5/1/92	OHD
DTP 2		
DTP 3		
DTP 4		
DTP 5		
TOPV 1	5/1/92	OHD
TOPV 2		
TOPV 3		
TOPV 4		
MMR 1	5/1/92	OHD
MMR 2		
HbCV 1	5/1/92	OHD
HbCV 2		
HbCV 3		
HbCV 4		

5. Luther, age 5

Vaccine	**Date Given**	**Signature or Stamp** (Doctor or Clinic)
DTP 1		
DTP 2		
DTP 3		
DTP 4		
DTP 5		
TOPV 1		
TOPV 2		
TOPV 3		
TOPV 4		
MMR 1		
MMR 2		
HbCV 1		
HbCV 2		
HbCV 3		
HbCV 4		

ASSIGNMENT SHEET 4

CARING FOR CHILDREN

IV

Name ______________________________ Score ____________

OBJECTIVE 17

Develop a home safety assessment tool.

DIRECTIONS

Use the following outline to determine the safety of a home for a child. Work individually or in a group (as assigned by instructor) to develop a safety checklist for home use. Outlined here are major areas for concern. Others areas may be added. Since the safety measures differ for each age child, specify the age of the child.

Motor vehicle safety

Poisoning

Electrical hazards

Burns

Falls

Drowning

Language
- State ideas clearly

Composition
- Proofread and edit

General Relating
- Participate in group activities

Cognitive Activities
- Create a finished product
- Transfer knowledge/ training to new situations

ASSIGNMENT ANSWERS — CARING FOR CHILDREN — IV

ASSIGNMENT SHEET 1	Completed to satisfaction of instructor. It should include specific plans that fit the age group of the child.
ASSIGNMENT SHEET 2	Answers will vary according to instructor's assignment.
ASSIGNMENT SHEET 3	**Diedre:** needs DPT, OPV, HbCV, MMR **Bart:** needs DPT, OPV, begin series of HbCV, MMR **Simon:** needs no immunizations at his time **Maria:** needs DPT, OPV, HbCV **Luther:** Begin series of DPT, OPV, HbCV, MMR
ASSIGNMENT SHEET 4	Answers will vary but should be complete as well as accurate in regard to assessing potential hazards.

CARING FOR CHILDREN

Name ______________________________ Score ____________

OBJECTIVE 1

Match terms associated with childhood growth and development to their definitions. Write the letters of the correct answers in the blanks.

Part 1

_____ 1. The formation of myelin on nerve tissue

_____ 2.. First teeth formed ("baby teeth")

_____ 3. A return of food or fluid into the mouth from the stomach

_____ 4. A sense of self-determination, independence; "me"

_____ 5. Thinking which focuses on the specific rather than as part of the whole

_____ 6. Ability to think that the reverse of an action will bring back objects to their original state

_____ 7. Measures which are meant to produce an expected behavior

_____ 8. Thinking which focuses on images which are not organized

_____ 9. Use of imagination; not based on real evidence

a. autonomy

b. concrete

c. custody

d. deciduous

e. discipline

f. fantasy

g. industry

h. myelinization

i. preconceptual

j. preoperational

k. puberty

l. regurgitation

m. reversibility

n. ritualism

Part 2

_____ 1. Play in which children are located near, but are not interacting personally with, other children who are also playing

_____ 2. Legal guardianship of a child

_____ 3. The ability and willingness to try new activities or ways of thinking

_____ 4. Inability to control bladder function; usually occurs at night in children

_____ 5. Personal viewpoint of own body; includes both form and acceptability

_____ 6. An act which is repetitive and usually meets the security needs

_____ 7. The erupting of teeth (teething)

_____ 8. Inability to control bowel movement which is not related to disease

_____ 9. Recognition of not meeting standards of self or society

a. body image
b. concrete
c. custody
d. dentition
e. discipline
f. encopresis
g. enuresis
h. inferiority
i. initiative
j. negativism
k. parallel play
l. preconceptual
m. ritualism

Part 3

_____ 1. The ability to learn and perform skills which are valued in a society

_____ 2. Able to be perceived as real by one or more of the senses

_____ 3. Child ages 1 year to 3 years

_____ 4. Refusal to perform according to the wishes of others

_____ 5. Child ages 6 years to 12 years

_____ 6. Physical state in which fluids within the body are not sufficient

_____ 7. Guessing at explanations without use of rational thought

_____ 8. Child ages 4 years to 5 years

_____ 9. Physical changes which bring about the ability to reproduce

a. autonomy
b. concrete
c. custody
d. dehydration
e. fantasy
f. industry
g. intuitive
h. negativism
i. preschool age
j. puberty
k. reversibility
l. school age
m. toddler

OBJECTIVE 2

Select the word or phrase that completes statements about the normal physical development of children. Write the letters of the correct answers in the blanks.

_____ 1. The age group NOT included in childhood is ___.

a. 0–1
b. 1–3
c. 4–6
d. 6–12

_____ 2. The child is approximately ½ adult height at age ___.

a. 2
b. 4
c. 6
d. 8

_____ 3. Weight and height gains are greatest for ___.

a. Toddlers
b. Preschool children
c. School age children
d. All of the above are equal

_____ 4. Measuring head circumference is discontinued at age ___.

a. 1 year
b. 2 years
c. 3 years
d. 4 years

_____ 5. The greatest growth during childhood is in the ___.

a. Legs
b. Arms
c. Body
d. Head

_____ 6. Fine motor muscles are strengthened by ___.

a. Running
b. Coloring and writing
c. Talking
d. Skipping and jumping

_____ 7. Large muscles are strengthened by ___.

a. Coloring
b. Cooking
c. Building models
d. Skipping

_____ 8. The process that must occur prior to voluntary movement is ___.

- a. Modeling of the action
- b. Passive activity
- c. Myelination of the nerve fibers
- d. All of the above

_____ 9. It is unrealistic to attempt toilet training before the child can ___.

- a. Walk
- b. Run
- c. Speak
- d. Point

_____ 10. Brain growth (in size) is completed by age ___.

- a. 1
- b. 4
- c. 6
- d. 10

_____ 11. A reflex that would not be expected to be found in a 2 year old child is ___.

- a. Gagging
- b. Swallowing
- c. Rooting
- d. Coughing

_____ 12. Before age seven, children's vision is expected to be ___.

- a. Monocular
- b. Far sighted
- c. Near sighted
- d. Normal

_____ 13. The primary reason for frequent ear infections in young children is ___.

- a. Poor hygiene
- b. Drinking milk
- c. Horizontal, short eustachian tubes
- d. Frequent colds

_____ 14. All of the deciduous teeth are usually present by age ___.

a.1½
b.2½
c.3½
d.4½

_____ 15. The pulse rate at the end of childhood is ___.

a. Almost the same as an adult's rate
b. The same as an infant's rate
c. Faster than an infant's rate
d. The same at the beginning and end of childhood

_____ 16. The system most frequently affected by illness in children is the ___.

a. Circulatory
b. Respiratory
c. Gastrointestinal
d. Urinary

_____ 17. The major danger of gastrointestinal problems in young children is ___.

a. Vomiting
b. Diarrhea
c. Dehydration
d. Constipation

_____ 18. Consultation should be obtained for a child who still has nightly bed wetting ___.

a. As soon as day training is successful
b. At age 3
c. At school age
d. By age 8

_____ 19. Exploration of the genitals is most common for ___.

a. Toddlers
b. Preschool children
c. School age children
d. None of the above

OBJECTIVE 3

Match Erikson's stages of psychosocial development for children with the corresponding age group and primary goal of each stage. Write the letters of the correct answers in the blanks.

Part 1

_____ 1. Initiative vs. guilt

_____ 2. Autonomy vs. shame and doubt

_____ 3. Industry vs. inferiority

a. Toddler

b. Preschool

c. School age

Part 2

_____ 1. Autonomy vs. shame and doubt

_____ 2. Initiative vs. guilt

_____ 3. Industry vs. inferiority

a. To act independently

b. To act independently and to achieve skill competence

c. To achieve a sense of self-control

OBJECTIVE 4

Select the word or phrase that completes statements about the psychosocial development of children. Write the letters of the correct answers in the blanks.

_____ 1. The greatest challenge toward socialization during the toddler age is ___.

a. Toilet training
b. Walking
c. Talking
d. Peer friendships

_____ 2. The most appropriate question to ask a toddler is ___.

a. "Would you like to eat now?"
b. "Are you hungry and ready to eat?"
c. "What would you like to eat?"
d. "Would you like a hamburger or a peanut butter sandwich?"

_____ 3. Throughout early childhood, an example of the best statement that parents could say if the child was being left with someone else is ___.

a. "We will be back soon."
b. "Don't worry, we won't leave you."
c. "We will be back after you eat."
d. "We will be back at 6 o'clock."

_____ 4. When teaching or helping a preschool child with an activity such as putting on a shirt, the parents/professional care providers should ___.

a. Tell how to do it in simple terms on the child's level
b. Show how to do the skill
c. Let the child practice with supervision
d. All of the above

_____ 5. The expected resolution of the Oedipus and Electra complexes is ___.

a. Gender role confusion
b. Dislike of the opposite gender
c. Valuing only the opposite gender
d. Acceptance of personal gender role

_____ 6. The age group that helps preschoolers realize that what they do is okay because they are children is ___.

a. Younger children
b. Children of the same age
c. Older children
d. Adults

_____ 7. The person or group that is most important in building self-esteem of school age children is ___.

a. Parent
b. Peers
c. Teacher
d. None of the above

OBJECTIVE 5

Arrange in order of occurrence during childhood Piaget's stages of cognitive development. Write a "1" in the blank before the first stage, a "2" before the second stage and a "3" before the third stage.

_____ 1. Preoperational

_____ 2. Concrete operations

_____ 3. Sensorimotor

OBJECTIVE 6

Select the word or phrase that completes statements about the cognitive development of children. Write the letters of the correct answers in the blanks.

_____ 1. At the end of the sensorimotor stage, children ___.

a. Can't solve problems they encounter
b. Repeats unsuccessful attempts over and over
c. Solves problems by carrying out solutions in their heads
d. Relys on trial and error to solve all problems

_____ 2. Children in the sensorimotor and preconceptual stages are ___.

a. Capable of seeing another person's viewpoint
b. Capable of seeing another person's viewpoint but don't want to do it because they want to have their own way
c. Egocentric and are only capable of viewing the world through their own eyes
d. None of the above

_____ 3. The stage in which the children begin to relate events and actions to words is ___.

a. Sensorimotor
b. Concrete operational
c. Intuitive
d. Preconceptual

_____ 4. The stage in which most children begin to read silently (to themselves) is ___.

a. Sensorimotor
b. Preconceptual
c. Intuitive
d. Concrete operational

_____ 5. The type of play that allows for the greatest potential for cognitive development of the child is ___.

a. Flash cards
b. Educational television
c. Playing "house"

_____ 6. Movement from one stage of Piaget's cognitive development to another indicates that ___.

a. The child's I.Q. has increased by 20 points
b. The child is able to think and relate to the world around them differently, but is not smarter
c. Occurs on the child's birthday when the child reaches the appropriate age
d. All the above

OBJECTIVE 7 **Describe ways to promote the health of children.** Use the space below to describe three ways to promote children's health.

OBJECTIVE 8

Select the word or phrase that completes statements about administering medications to children. Write the letters of the correct answers in the blanks.

_____ 1. The medication "Right" that is more variable and requires greater accuracy in administration to children is ___.

a. "Right" time
b. "Right" dosage
c. "Right" medication
d. "Right" route

_____ 2. The method of preparing a child for a medication that should be used is ___.

a. Prepare a schedule with medication times listed
b. Tell the child at the beginning of the shift
c. Tell the child 15 minutes before so that he/she can prepare
d. Tell the child immediately before administration

_____ 3. The device that is most accurate for measuring small amounts of liquid oral medication is the ___.

a. Medicine glass
b. Spoon
c. Kitchen measuring spoon
d. Syringe without a needle

_____ 4. For an average 8 year old child, the needle that would be appropriate for an intramuscular injection into the gluteal area is ___.

a. ½ inch, 25 gauge
b. 1 inch, 23 gauge
c. 1 inch, 18 gauge
d. 1½ inch, 21 gauge

_____ 5. The situation that indicates the need for a consultation with a pharmacist prior to administration of a child's medication is ___.

a. Crushing a tablet
b. Dividing a tablet
c. Emptying contents of a capsule
d. All of the above

_____ 6. The symptom that may indicate a need for the use of the suppository form of a medication for a child is ___.

a. Fever
b. Regurgitation
c. Cough
d. All of the above

_____ 7. The site that is preferred for children under age 2 for intramuscular injections is ___.

a. Vastus lateralis
b. Posterolateral gluteal
c. Ventrogluteal
d. Deltoid

_____ 8. The intramuscular site in which only thin medications of small amounts should be given is the ___.

a. Vastus lateralis
b. Posterolateral gluteal
c. Ventrogluteal
d. Deltoid

_____ 9. The direction that the pinna of a 6 year old child should be pulled when administering ear drops is ___.

a. Up and back
b. Up only
c. Down and back
d. Down only

_____ 10. The best time to administer nose drops to a young child is ___.

a. While they are asleep
b. Early in the morning
c. Before eating
d. Anytime the nose is stuffy

OBJECTIVE 9

Select the word or phrase that completes statements about children's nutrition. Write the letters of the correct answers in the blanks.

_____ 1. During periods of growth there is an increased need for servings of which of the basic four ___.

a. Meat
b. Dairy products
c. Fruit and vegetables
d. Bread

_____ 2. The best indicator of a child's nutrition is ___.

a. Weight
b. Height
c. Complexion
d. Fiftieth percentile on height/weight chart

_____ 3. The variation in appetite in most children is usually caused by ___.

a. Age
b. Food preferences
c. Weight
d. Growth rate

OBJECTIVE 10

Select the word or phrase that completes statements about safety measures for children. Write the letters of the correct answers in the blanks.

_____ 1. The leading cause of death in children of all ages is ___.

a. Accidents
b. Abuse
c. Cancer
d. Heart disease

_____ 2. Prevention of falls by children includes all of the following EXCEPT ___.

a. Supervision
b. Avoiding all heights
c. Checking stability of items used in climbing
d. Placing objects used by children in low places

_____ 3. Most states require the use of child car seats or restraints up to the age of ___.

a. 1
b. 2
c. 4
d. 6

_____ 4. The best way for parents to teach children to wear seat belts is to ___.

a. Fasten the child's seat belt for every trip
b. Remind the child to fasten his/her seat belt
c. Have everyone in the car fasten seat belts
d. Provide videos about results of not wearing seat belts

_____ 5. A child should be taught to never play in the ___.

a. Garage
b. Driveway
c. Street
d. All of the above

_____ 6. Knee pads should be used for protection for children operating ___.

a. Roller skates or blades
b. Bicycles
c. Skateboards
d. All the above

_____ 7. Poisonous substances should be stored ___.

a. In the highest cabinet in the garage
b. Under the sink
c. In a securely locked cabinet
d. Nowhere in the house while children are young

_____ 8. Techniques that parents can use to help protect their children from electrocution include ___.

a. Teaching them at an early age the correct way to plug in and unplug cords
b. Use protective devices to cover unused plugs
c. Teaching them the correct, safe ways to operate any electrical device they need to use
d. All of the above

_____ 9. The body of water that presents the greatest risk of drowning to small children is a ___.

a. Bathtub
b. Pool
c. Lake
d. Mud puddle

_____ 10. Hunting with children should ___.

a. Never be done
b. Is safe if the child does not carry a gun
c. Be done when the child can follow hunting safety rules
d. Be done when the parent and child agree

OBJECTIVE 11 **Discuss legal/ethical aspects of the care of children.** Use the space provided to answer the following questions.

1. What are the legal roles of the parents in the care of children? What problem can arise if care is given at the direction of a non-custodial parent?

____

____

____

____

____

____

2. What are some techniques that can be used to protect children from becoming stolen or kidnapped?

3. When does the court usually intervene in cases of refusal of treatment on religious grounds?

OBJECTIVE 12

Select the word or phrase that completes statements about measures which minimize the effects of hospitalization on children. Write the letters of the correct answers in the blanks.

_____ 1. The factor that influences the effect of hospitalization on children is ___.

a. Illness
b. Growth
c. Strange surroundings
d. All of the above

_____ 2. Young children often consider illness to be caused by ___.

a. Bad behavior
b. Their parents
c. Monsters
d. God

_____ 3. The measure that can be beneficial in helping children deal with hospitalization is ___.

a. Drawing
b. Play activities
c. Discussion
d. All of the above

_____ 4. The most important means of providing security for the child in the hospital is to have ___.

a. A favorite toy
b. A good nurse
c. Parents present
d. Qualified doctors

_____ 5. To appropriately plan for routines for a child during hospitalization it is necessary to assess ___.

a. Routines at home
b. Scheduled staffing
c. Preference for particular nurses
d. All of the above

_____ 6. A coping mechanism frequently seen in children during hospitalization is ___.

a. Aggression
b. Denial
c. Regression
d. Reaction formation

_____ 7. When a child is the patient hospitalization affects ___.

a. The child
b. The parents
c. Siblings
d. All of the above

_____ 8. The role of the parent that should be included in the care plan of a hospitalized child is that of ___.

a. Authority figure
b. Care giver
c. Spouse
d. Financial resource

OBJECTIVE 13

Describe role and relationship patterns of children. Use the space provided to answer the following questions.

1. What role changes occur for a child in a divorce situation?

2. What part can parents play in the successful socialization of a child?

3. How can parents assist in success in school?

NOTE: Objectives 14, 15, 16 and 17 are evaluated on the job/assignment sheets in this unit. If you have not completed this component, see your instructor.

WRITTEN TEST ANSWERS

CARING FOR CHILDREN

IV

OBJECTIVE 1

Part 1	Part 2	Part 3
1. h	1. k	1. f
2. d	2. c	2. b
3. l	3. i	3. m
4. a	4. g	4. h
5. i	5. a	5. l
6. m	6. m	6. d
7. e	7. d	7. g
8. j	8. f	8. i
9. f	9. h	9. j

OBJECTIVE 2

1. a
2. a
3. a
4. b
5. a
6. b
7. d
8. c
9. a
10. d
11. c
12. b
13. c
14. b
15. a
16. b
17. c
18. c
19. b

OBJECTIVE 3

Part 1	Part 2
1. b	1. c
2. a	2. a
3. c	3. b.

OBJECTIVE 4

1. a
2. d
3. c
4. d
5. d
6. b
7. a

OBJECTIVE 5

1. 2
2. 3
3. 1

OBJECTIVE 6

1. c
2. c
3. d
4. d
5. c
6. b

OBJECTIVE 7

Answers should include any of the following:

- promote adequate rest
- identify fears with attention to reality
- provide for adequate exercise
- prevent disease especially through proper immunizations
- promote dental health
- educate for self care

OBJECTIVE 8

1. b
2. d
3. d
4. b
5. d
6. b
7. a
8. d
9. a
10. c

OBJECTIVE 9

1. b
2. a
3. d

OBJECTIVE 10

1. a
2. b
3. c
4. c
5. d
6. a
7. c
8. d
9. a
10. c

OBJECTIVE 11

1. The legal role of parents is to be legally responsible for decision-making and signing of care documents. Since non-custodial parents may not have the right to authorize medical care, the person providing the unauthorized care may be liable.
2. Parents should teach their children unique code words to use to guarantee that an authorized person is picking them up. Current pictures and/or videos, as well as fingerprints, should be kept. Children should know what to do when approached by a stranger.
3. The court usually intervenes in cases of refusal of treatment on religious grounds when the issue becomes a threat to life.

OBJECTIVE 12

1. d
2. a
3. d
4. c
5. a
6. c
7. d
8. b

OBJECTIVE 13

1. The role of the child changes by potential for increased responsibility as a result of a single parent household, or may be seen by self as the cause of the divorce.
2. Parents can determine successfulness of a child's socialization by asking about friends and activities which occur outside of the home environment.
3. Parents can assist children in having success at school by encouraging study verbally, setting an example of reading and learning and by taking interest in activities at school.

OBJECTIVE SHEET

CARING FOR ADOLESCENTS

V

INTRODUCTION

Adolescence is the transitional stage from child to adult. Many people view this time negatively. However, if the needs are met, there is less difficulty in moving to the next developmental stage. The professional care provider needs to use growth and development principles of adolescence to adequately care for the needs of this group.

UNIT OBJECTIVE

After completing this unit, the student will be able to provide care for the adolescent using principles of growth and development. The student will show competency by completing assignment sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITE

Before studying this unit, the student will have successfully completed Unit I: Basic Concepts of Growth and Development.

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with adolescent growth and development to their definitions.
2. Select the word or phrase that completes statements about normal physical development of the adolescent.
3. Select the word or phrase that completes statements about the psychosocial development of adolescents.
4. Select the word or phrase that completes statements about the cognitive development of adolescents.
5. Select the word or phrase that completes statements about health promotion measures for adolescents.
6. Describe the nutritional needs of adolescents.
7. Select the word or phrase that completes statements about safety concerns during adolescence.
8. Discuss legal/ethical aspects of adolescent care.
9. Select the word or phrase that completes statements about the effects of hospitalization on the adolescent.
10. Describe role and relationship patterns of adolescents.

11. Research community health resources for adolescents. (Assignment Sheet 1)

12. Evaluate health related learning materials appropriate for the adolescent. (Assignment Sheet 2)

13. Assess growth and development of the adolescent. (Assignment Sheet 3)

SUGGESTED ACTIVITIES

CARING FOR ADOLESCENTS V

PREPARATION

- Review unit and plan presentation.
- Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
- Review teaching suggestions and plan classroom activities.
- Determine how you will schedule time for students to demonstrate competence in the required procedures.
- Order materials to supplement unit.
- Have the students list the topics in the area of the growth and development of adolescents that are of most interest to them. Invite guest speakers to speak on these topics.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation.
- Make a poster.
- Make a bulletin board.
- Devise games and/or crossword puzzles to reinforce terms, groupings, etc.
- **HOSA** Integration:
  - Assist student in conducting a chapter service project on adolescent growth and development
  - Develop objectives for service project and identify a theme.
  - Create a poster according to Extemporaneous Health Display rules. Display in highly visible areas.
  - Plan community or school health project that involves disseminating pamphlets about safety measures for adolescents.
  - Share guidelines for Oklahoma HOSA Safety competition.

DELIVERY

Objective 1: Match terms associated with adolescent growth and development to their definitions.

- Present terms through lecture.

- Have students draw from previous experience to define terms.

- Assign one of the remaining objectives to individuals or small groups. Have them find how the terms are used in the context of this unit.

- Have students design a crossword puzzle using the terms.

Objective 2: Select the word or phrase that completes statements about normal physical development of the adolescent.

- Present information through lecture.

- Have students do head to toe assessment and identify what is expected on adolescent assessment.

- Have students draw a figure and specify the changes which occur during adolescence.

- Illustrate the cycles of hormones by using charts such as those found in most growth and development books. An example of this type chart can be found on page 254 in the book *Human Growth and Development Throughout the Life Span: A Nursing Perspective* (see Suggested Resources).

Objective 3: Select the word or phrase that completes statements about the psychosocial development of adolescents.

- Present information through lecture.

- Discuss the implications to adult behavior if the quests are not achieved or progress made during adolescence.

- Have students or groups of students research the adolescent development theories of Marcia, Havighurst, Freud, and Kohlberg. Have them report to the class.

- If you wish to study Havighurst's eight developmental quests specifically, share a copy of them with the class. A copy of this list can be found on pages 361–362 of Freiberg's, *Human Development: A Life-Span Approach (*See Suggested Resources). Assign groups to brainstorm adolescent behaviors that demonstrate these 8 quests. Each group may do 1 or more quests as appropriate for the size of the class.

Objective 4: Select the word or phrase that completes statements about the cognitive development of adolescents.

- Present information through lecture
- Illustrate how the nursing process is an example of hypothetical-deductive reasoning.
- Discuss ways to provide adolescents with experience with the new cognitive abilities gained.

Objective 5: Select the word or phrase that completes statements about health promotion measures for adolescents.

- Present information through lecture.
- Have students volunteer to discuss experiences that they have had, or their children have had, that were unhealthy for adolescents. Discuss what should have been done differently.
- Discuss the role of professional care providers as a neighborhood health resource. Also discuss their role as a resource during working hours. Have students decide the professional care provider's responsibility in the promotion of good health for adolescents.
- Prepare at home care plans for adolescents of varying ages.
- Correlate information on Assignment Sheet 1.

Objective 6: Describe the nutritional needs of adolescents.

- Present information through lecture.
- Have students work in groups to make a meal plan that meets both adolescent peer standards and nutritional needs. This plan should probably include some fast food.
- Present a community awareness project (use HOSA guidelines) on obesity and/or anorexia nervosa and bulimia.

Objective 7: Select the word or phrase that completes statements about safety concerns during adolescence.

- Present information through lecture.
- Locate the most recent statistics on mortality and morbidity in teenagers. Identify trends that are occurring.

- Invite highway patrol or police officers to present information on highway safety for all age groups. These officers might also be invited to discuss the use of weapons.

- Discuss risks which are more likely to be taken by adolescents.

- Correlate attitude about death (found in unit 2) with the hazards of adolescence.

Objective 8: Discuss legal/ethical aspects of adolescent care.

- Present information through lecture.

- Prior to presentation, ask when (at what age) birth control measures no longer require parental consent or knowledge in the state.

- Invite a lawyer or juvenile court judge to present information about state and local laws and actions regarding adolescents.

- Have students debate abortion utilizing facts to support opinions. A follow-up discussion should include the ethical/legal responsibilities of the professional care provider toward all clients.

Objective 9: Select the word or phrase that completes statements about the effects of hospitalization on the adolescent.

- Present information through lecture.

- Have students discuss measures on the part of the professional care provider that decrease the effects of hospitalization on the adolescent.

- Have students share experiences gained from either caring for adolescents in the hospital or from personal experiences in the hospital.

Objective 10: Describe role and relationship patterns of adolescents.

- Present information through lecture.

- Have students research one recent magazine or newspaper article relating to adolescents. Have them identify how the author of the article views the role of the adolescent.

- Compare and contrast the role of the family and the role of peers in the development of the adolescent.

APPLICATION

Objective 11: Research community health resources for adolescents. (Assignment Sheet 1)

- Present information through lecture.
- Have students complete Assignment Sheet 1.
- Obtain current listing from United Way for community resources.

Objective 12: Evaluate health related learning materials appropriate for the adolescent. (Assignment Sheet 2)

- Have students complete Assignment Sheet 2.

Objective 13: Assess growth and development of the adolescent. (Assignment Sheet 3)

- Have students complete Assignment Sheet 3.
- Utilize standard nursing care plan from local facility to plan care using the assessment made.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities if not previously done.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.
- Reteach and retest if necessary.
- Complete appropriate section of competency profiles.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Print Media

- Broadribb, Violet. *Introductory Pediatric Nursing*. J.B. Lippincott, East Washington Square, Philadelphia, PA 19105.
- Freiberg, Karen L. *Human Development: A Life-Span Approach*. Jones and Bartlett Publishers Inc. 20 Park Plaza, Boston, MA 02116 (Editorial offices: 23720 Spectacular Bid, Monterey, CA 93940).
- Hill, Patty Maynard and Patricia Humphrey. *Human Growth and Development Throughout Life: A Nursing Perspective*. John Wiley and Sons, 1982
- Jones, Dorothy A.; Mary Kolassa Lepley, and Bette A. Baker. *Health Assessment Across the Life Span*. McGraw-Hill, Inc. 1984.
- Pillitteri, Adele. *Child Health Nursing: Care of the Growing Family*. Little, Brown and Company, 1987.
- Smith, Marjorie J.; Julie A. Goodman, and Nancy Lockwood. *Child and Family: Concepts of Nursing Practice*, Second Edition. McGraw-Hill, Inc., St. Louis, MO 1987.

UNIT REFERENCES

- Broadribb, Violet. *Introductory Pediatric Nursing*. J.B. Lippincott, East Washington Square, Philadelphia, PA 19105.
- Freiberg, Karen L. *Human Development: A Life-Span Approach*. Jones and Bartlett Publishers Inc. 20 Park Plaza, Boston, MA 02116 (Editorial offices: 23720 Spectacular Bid, Monterey, CA 93940).
- Hill, Patty Maynard and Patricia Humphrey. *Human Growth and Development Throughout Life: A Nursing Perspective*. John Wiley and Sons, 1982

- Jones, Dorothy A.; Mary Kolassa Lepley, and Bette A. Baker. *Health Assessment Across the Life Span*. McGraw-Hill, Inc. 1984.

- Pillitteri, Adele. *Child Health Nursing: Care of the Growing Family*. Little, Brown and Company, 1987.

- Smith, Marjorie J.; Julie A. Goodman, and Nancy Lockwood. *Child and Family: Concepts of Nursing Practice*, Second Edition. McGraw-Hill, Inc., St. Louis, MO 1987.

CARING FOR ADOLESCENTS

OBJECTIVE 1

Match terms associated with adolescent growth and development to their definitions.

acne — disease in which the oil glands become inflamed, usually involving the face

anorexia nervosa — disease of excessive weight loss related to unacceptable self-perception of body image

apocrine — glands which secrete fluid

bulimia — an eating disorder in which large amounts of food are eaten (bingeing) and then purged using self-induced vomiting

contraception — prevention of pregnancy

density — thickness

ejaculation — the sudden discharge of seminal fluid

emancipation — to free from authority

heterogeneous — a group consisting of members who are from different backgrounds

homogeneous — a group consisting of members who are from similar backgrounds

menarche — the first menstruation

menstruation — process of discharging of blood and waste material from the uterus

myelination — the formation of myelin on nerve tissue

nocturnal emission — ejaculation of semen during sleep

obesity — weight 20% or more above normal standards

ossification — hardening by calcification of bone

peer — person of similar age, class or rank

scoliosis — disease in which there is a lateral curvature of the spine

OBJECTIVE 2

Select the word or phrase that completes statements about normal physical development of the adolescent.

During adolescence the **rate** at which the person grows is the most rapid since infancy. The final 20–25 percent of adult height is gained during adolescence. Weight before the growth spurt is approximately 50 percent of adult weight. Height and weight gains parallel each other during the adolescent period with weight gains beginning about 6 months after height increases. Spurts in growth may cause the appearance of differing proportions.

Age at onset of growth spurt influences the expected height of the individual. Generally, those whose growth spurt is early are expected to achieve less adult height than those with a later growth spurt. Females usually experience the growth spurt 2 years earlier than males. It is expected that males will hit the growth spurt between the ages of 14 and 15.

As with all growth, the sequence of **skeletal growth** during adolescence has an expected pattern. First the legs begin to lengthen. The hips widen with additional changes in the pelvic bones in females that accounts for widening to a different degree. Shoulder width then increases, followed by trunk length and then chest depth. Ossification occurs earlier in females so that leg length and chest width are smaller in females than males. Both sexes increase trunk length more than leg length during this time. Weight, length, and increased density of bone occur. Bone growth is more rapid than muscle growth.

The **muscles** increase in length to accommodate skeletal growth, but bulk and strength of muscles are delayed. This is easily observed by noting the poor coordination of many gangly adolescents. Posture may also be poor because of lack of strength of muscles for support. Amount of muscle bulk and strength is also influenced positively by exercise. Males tend to have greater muscle bulk than females.

Most of the **neurological system** has matured during childhood. Myelination continues to increase during adolescence, and some brain activities differ. Senses have usually stabilized prior to adolescence; however, vision may decrease if there is family history for acuity changes.

Eruption of the upper and lower second and third **molars** occurs during adolescence. The second set of molars erupts at the beginning of adolescence about the ages of 11–13. The third sets of molars, known as the wisdom teeth, usually erupt between the ages of 17 and 21.

The **circulatory system** is effected by the drastic growth occurring during adolescence. The heart, which is a muscle, grows at a more steady rate than the size of the person during this time. For this reason, adolescents may not be able to tolerate excessive exercise or may tire easily during periods of rapid growth. The pulse becomes slower, and blood pressure increases gradually until the heart reaches adult size at about age 18. At this time vital signs equal those of an adult.

Respirations gradually decrease to adult rate also. The lung capacity increases as the chest broadens and lengthens. Adult lung size is reached by approximately age 17.

In the **gastrointestinal system** the muscular structures in the intestines and stomach become thicker and stronger. The strength of peristalsis in increased. The stomach and intestines increase in length. The liver increases in size and function to adult capacity. Greater capacity is seen throughout the gastrointestinal system.

Several **glands** within the skin of the adolescent change. The apocrine sweat glands located in the axilla, around the anus, areola, and the genitals increase in activity and response to stimuli. Heat, emotions, and drugs may all cause sweating in the adolescent that was not seen in the child. The sweat glands found on the remainder of the body become less numerous but still remain capable of cooling the body and responding to emotional stimuli. Sebaceous glands become more active and increase in size resulting in an increased risk of acne.

The system that provides for the greatest changes during adolescence is the **endocrine system.** The endocrine system is responsible for both skeletal growth through the growth hormone and sexual maturation through an interplay of several hormones.

The hypothalamus stimulates the pituitary gland. The pituitary gland then produces growth hormone, thyroid stimulating hormone (TSH), adrenocorticotropic hormone (ACTH), and gonadotropic hormones. The gonadotropic hormones cause the gonads—the ovary and the testis—to produce the appropriate hormones of estrogen and testosterone respectively.

Although androgens, estrogen, and progesterone occur in both sexes, males have more androgens, and females have more estrogen and progesterone. Sex characteristics differ due to the influence of varying levels of these hormones.

In females estrogens begin by developing the reproductive organs at about the same time as breast buds appear. Following this, pubic hair growth begins. Menarche occurs next if the female has reached a minimum weight of 94 pounds and 24 percent fat. Menstruation is usually irregular initially. Ovulation may not occur for 1 year to 18 months after menarche, but in some females it may be present before. After menstruation, secondary sex characteristics such as development of breast, widening of hips, and growth of pubic hair increase until adult form is reached.

Male sexual maturation also occurs in an orderly sequence. The testes and scrotum increase in size with gradual darkening of color. The penis will increase in both length and width. Pubic hair increases gradually. The first ejaculation is the beginning of true puberty. Nocturnal emission occurs most often in the adolescent. Sperm are not usually present in early ejaculations. The capability of impregnating a female does not occur until sperm are present.

One of the indicators of age of onset for sexual maturity is the developmental history of parents. It may be helpful to share with adolescents the changes that occur both physically and sexually during this time. Although many books focus on the sexual aspects of development, many adolescents have fears regarding height and weight as well as sexual maturity.

OBJECTIVE 3 **Select the word or phrase that completes statements about the psychosocial development of adolescents.**

The adolescent period is frequently depicted as a time of "storm and stress." The major psychosocial adjustment of this time is the progression from the dependence necessary for survival in childhood to the independence necessary for positive survival as an adult.

Erikson identifies the conflict of adolescence as identity vs. role confusion. The need of the adolescent to determine who he or she is necessitates searching. Havighurst proposed eight development tasks to which adolescents must address themselves in their identity quest. These tasks deal with areas such as body acceptance; gender roles; relationships with both sexes, parents, and other adults; career, marriage, and family choices; and behavior/ethical values.

Looking at Havighurst's developmental task areas in relationship to both the physical changes which have already been discussed and the complex environment in which we live, it is apparent that many needs occur during the adolescent period. While health care professionals may be able to assist with meeting many of these needs, they can have the most influence in those that deal with body acceptance.

OBJECTIVE 4 **Select the word or phrase that completes statements about the cognitive development of adolescents.**

Cognitive development is much less easily seen than the physical and psychosocial changes. Piaget calls the cognitive level that is reached during adolescence formal operations. There is controversy whether cognitive development actually stops during childhood or adolescence. As with all development, the individual and the environment must be assessed when determining normality.

Experience and accomplishment at the prior level of concrete operations are necessary to achieve formal operations. The ability to abstract, to think from the real to the possible or imaginable, is valuable in making the choices necessary during adolescence. It is necessary to assist adolescents when these skills are new so that they will recognize the value of systematic thought. It is also necessary to provide opportunities to practice these new skills in the context of reality.

According to Piaget, formal operations is the highest cognitive level. Therefore, the cognitive abilities acquired during adolescence will continue to be used as adults. Reaching this level means that the adolescent has acquired the thinking processes needed to accomplish complex thought processes. Adolescents are capable of brainstorming—coming up with new and unique combinations of information to solve problems. They are able to recognize that there is often more than "one right answer." Thinking at the formal operational level also makes it possible for the adolescent to see that a new concept has connections to many fields of study. For example, they can recognize that an issue such as national health insurance impacts and draws information from sociology, medicine, history, economics, politics, human relations, and psychology. These adolescents can also form an idea and then test it to see if it is reasonable. The scientific process, nursing process, and all investigative thinking uses this skill. Adolescents should be provided with many opportunities to practice these new cognitive abilities because practice improves the ability to think and problem solve.

OBJECTIVE 5

Select the word or phrase that completes statements about health promotion measures for adolescents.

The basic health needs for rest, exercise, and disease prevention are found in adolescents. In addition dangers such as drugs, teenage pregnancy, and sexually transmitted disease present new health challenges.

The need for **rest** during adolescence increases. Due to the rapid growth during this period, rest must increase to prevent unnecessary stress on the body. Adolescents desire adult privileges of staying up late, but conscientious parents/primary care givers plan for adequate rest periods within a week. To ensure that the amount of rest is sufficient, staying up late one night may mean going to bed early the next or sleeping late on Saturday.

Adolescents should be encouraged to participate in both **individual and group athletic activities.** Exercise is essential for conditioning of new muscle. Exercise also allows adolescents to feel in better control of their changing bodies. It may also be recommended during this time that adolescents who participate in sports that put stress on weight reduction, joint impact, or other potentially hazardous activity be taken to a sports medicine specialist for consultation.

The busy schedules, disregard for old habits, and increased snacks during this time cause an **increase in dental caries.** Many adolescents are self-conscious and may brush too often with course bristles causing gum destruction. As the molars erupt, the adolescent may need to be seen by an orthodontist to assess the need for braces. Braces are a status symbol for some adolescents while being a source of great embarrassment for others. The adolescent should be allowed to participate in the decision making process so that better cooperation may be obtained to make any dental treatment more successful.

The infectious disease which occurs more often in adolescence is **tuberculosis.** For this reason, it is recommended that TB screening be done at least once during the adolescent period.

Another disorder which affects adolescents is **scoliosis.** Rapid skeletal growth in the trunk occurs while muscular growth is much slower. The muscles may not grow symmetrically causing curvatures of the spine to occur. Scoliosis screening is done through age 16 or until after the growth spurt has ended.

Another factor in daily care is **care of the skin**. Acne is a common problem in adolescents. Overcleansing can cause as many problems as insufficient cleansing. The adolescent should receive dermatologic consultation if severe lesions exist, or if the adolescent is having difficulty coping with the skin changes.

One of the leading health concerns in adolescents is **drug and alcohol use.** For many reasons, some known and some unknown, adolescents are the group which is at greatest risk for drug and alcohol problems. Desire for peer acceptance, need for new experiences, desire to escape, and poor self-esteem are some of the proposed reasons adolescents use and abuse drugs or alcohol. As health care workers the major goal is to know the each patient as an individual and not as "just another teenage drug/alcohol user." Drug and alcohol abuse and addiction require attention by trained individuals. The use of drugs and alcohol may interfere with all the phases of growth and development that are occurring at this time. Parents and professional care providers should help develop positive self-esteem and should be available when needed to help prevent or treat these problems.

Sexual activity is another area of concern that is highlighted during this stage of the life span. The changes that take the person from childhood to maturity are most obviously seen in sexual maturation. This brings about the need to educate the adolescent about prevention of pregnancy and sexually transmitted diseases (STD) such as AIDS, gonorrhea, chlamydia, herpes, and syphilis. Methods of contraception including abstinence should be discussed with both males and females. Prevention of STD through the use of condoms should be discussed fully with sexually maturing adolescents. The concept that a condom provides for "safer sex," but not totally safe sex should be stressed. Early pregnancy interferes with physical growth while STD may prevent reproductive capability. Both the physical and the emotional aspects of sexuality are of interest and concern to many adolescents. They should be allowed to have their questions answered honestly. At the same time parents should be clear and definite with them about any expectations of behavior in this area.

The best way to promote health during adolescence is by having a good communication system and positive health promotion measures already in place. The example of adults and peers influence the adolescent greatly in health promotion.

OBJECTIVE 6 **Describe the nutritional needs of adolescents.**

Adolescents are greatly influenced in meeting nutritional needs by peers and by their own habits. The basic requirements can be met by the four food groups. Because of the group, a slight increase in dairy products and at least one source of vitamin C should be recommended for daily intake.

There will be fluctuations in desire for food according to growth spurts. The challenge is to have the adolescent choose foods for nutritional value rather than convenience or popularity. The high fat content of most fast food makes it a poor choice for good nutrition. Assist the adolescent in making the best choices from those that are convenient and popular so that optimum nutrition can be maintained.

Nutritional problems that commonly occur during adolescence are obesity, bulimia, and anorexia nervosa. Adolescents are very conscious of the changes in their bodies. They are also aware of, and worry about, other people's perceptions of their physical being. They form their own perceptions of themselves. Sometimes these perceptions cause problems.

Weight, and often dieting, is a major concern to many adolescents. The person who is obese is frequently caught in a vicious cycle that begins with depression (caused by the obesity), which leads to overeating, which leads to weight gain, which leads to more or constant depression, overeating, and so on. In cases of obesity, it is important to help adolescents develop healthy methods of dieting.

Two other weight-related conditions are found in adolescents, as well as in adults. Bulimia and anorexia nervosa are both eating disorders or conditions caused by low self-esteem and an unhealthy concept of weight. People suffering from anorexia nervosa have often received recognition and approval for weight loss. They come to believe that the only way for them to gain approval is to continue to lose weight so they begin to eat less and less, and sometimes nothing at all, to ensure they will continue to lose weight. They often reach the point of starvation. People suffering from bulimia eat large amounts of food and then almost immediately force themselves to vomit so that the food is purged from their bodies before it can make them gain weight. Since these people don't actually digest the food they eat, they can also reach the starvation point.

Even though most adolescents don't suffer from eating disorders or conditions, it is necessary to provide for a realistic assessment of weight, growth, nutritional needs, and body concept. This will help them develop a plan that ensures them good nutritional health.

OBJECTIVE 7

Select the word or phrase that completes statements about safety concerns during adolescence.

Accidents are the leading cause of death and disability in the adolescent age group. The hazards which existed throughout childhood still remain, and new hazards such as cars and motorcycles appear. The use and abuse of drugs and alcohol increase the risk of accidents. Adolescents need to be reminded to follow all safety rules for whatever is being done.

Traffic accidents are a major hazard. Adolescents who will be operating a motorcycle should be provided with and required to use safety helmets and protective clothing. The helmet and the clothing should be considered part of the purchase of a motorcycle. Safety belts in cars are the law. However, parents and concerned care givers should be the first line of enforcement by requiring seat belt use. If adolescents know that failure to use seat belts will result in the loss of driving privileges, they are more likely to use the seat belts. Knowledge of safety regulations may need to be reviewed frequently.

Taking risks is part of proving self-sufficiency during adolescence. Dares and playing chicken increase the hazards. Fenced-in areas that contain powerful machines or electrical equipment, water towers, power poles, construction areas, and deserted buildings are often enticing invitations to dare-devil teens. These areas often result in death or serious injury to the trespassers so adolescents should be warned to stay out of these areas. Diving into shallow water may cause death or serious cervical injury. It is important to stress that it is not the diving that causes these injuries; it is the failure to follow the safety rule of always checking the depth of the water. The correct way to check the depth and safeness of the water is to first swim in the area, checking the bottom for hidden objects. It is then a good idea to jump into the water feet first from the same height you will be diving from.

Weapons are becoming more and more available to adolescents. Teaching of responsible weapon use and care is essential to the continued safety of both the adolescents and those with whom they come in contact. It should be stressed over and over again that weapons such as guns and knives can be deadly and should never be played with.

OBJECTIVE 8

Discuss legal/ethical aspects of adolescent care.

During adolescence a person reaches what is known as the age of majority or the age that society has specified for being responsible for one's self. In most states the age is 18. There are situations that arise which cause this to be earlier or occasionally later. Many states allow for the responsibilities and privileges of adulthood to occur after marriage or pregnancy. This legal recognition is called **emancipation of minors.** It may also be allowed in some cases of parental abandonment. Professional care providers should be knowledgeable concerning whether an adolescent is an emancipated minor since this also changes rules regarding legal signatures on forms such as consent.

During adolescence, just like during infancy and childhood, the legal issue of **custody** must be known. Step-parents who have not legally adopted the child cannot be allowed to direct health care except in extenuating circumstances.

One of the reasons there is hesitation on the part of many teenagers to seek **health care advice about sexual matters** is the fear of parents' reactions to learning about the teenagers' curiosity or treatment. In some states, information about birth control and birth control measures are kept confidential after the age of 14. Before treating or examining teenagers, health care providers should be made aware of what the law is.

Abortion is a legal issue as well as an ethical issue. Abortions for adolescents often have special legalities attached. Professional care providers who deal with this age group must evaluate their own views on working with abortions. There are many changes occurring in the law regarding abortions, and the professional care provider must stay knowledgeable. The Unites States Supreme Court has ruled that states may limit, but not do away with, the women's right to an abortion. Currently, abortion continues to be a legal option in the state of Oklahoma. Most states have put a maximum gestational age after which the abortion is illegal. Careful counseling and teaching to consider all options must be given to all patients seeking an abortion—especially adolescents.

OBJECTIVE 9

Select the word or phrase that completes statements about the effects of hospitalization on the adolescent.

Adolescence is a time during which the person is struggling for independence. Illness and hospitalization are events which the person may resent or use to regain control of his or her own life. It is important to **assess the individual adolescent for developmental level and uniqueness within that level.** The level should be utilized to communicate with the adolescent. An adolescent's developmental level, as well as the amount of information and decision-making provided to the adolescent, will help determine his or her response to the hospitalization.

Adolescents need to know the guidelines and rules that apply to all patients. Careful explanation of the rules prevents adolescents from feeling helpless or from thinking that the rules are just because they are "teenagers."

The illness threatens the adolescent. In this time of great physical change, all change is viewed negatively, but illness is even more so. The adolescent is trying to gain control of a body that keeps doing things on its own. Now, an illness, which may include pain and external physical symptoms, adds even more stress in trying to accept the physical realities of the person. During the adjustment the adolescent feels helpless and may either resist or passively take what comes. It is essential to keep the adolescent patient informed of expected changes and the reasons for these changes.

The single measure that decreases negative effects of hospitalization is to allow the adolescent the right of choice about care. The adolescent should provide the maximum self-care that the condition allows so that some self determination is experienced. Times for both privacy and socialization, including outside peer relationships, should be promoted. Food choices should be allowed within the needs of the illness and nutrition. Most of all, utilize the time to promote health education. Hospitalization experiences at this time will effect the utilization of health care for the remainder of the life span.

OBJECTIVE 10

Describe role and relationship patterns of adolescents.

During adolescence the most significant roles and relationships of the adolescent are found in the **family and the peer group.** Positive interactions in both settings are essential for development into a competent adult.

The role of the adolescent within the family is based in the challenge of this stage of development. The family provides security, yet threatens the independence of the adolescent. The adolescent may desire adult privileges within the family while also desiring to be cared for as a child. The adolescent should contribute to the decision-making within the family. Families with rules that are made and enforced by parents only, as well as families with no rules or rules made by the adolescent only, do not provide the security necessary for fulfillment of the role of the adolescent.

Peers also influence the adolescent. Choice of peers is many times influenced by family values, social status, similar interests, and proximity. Adolescents generally share more about themselves with peers than with family members. This may be a way of testing social acceptance. Adolescents who feel rejected by family form close relationships with peers who give them some kind of group identity. Peers are viewed as being "like me" by the adolescent; therefore, the adolescent may learn values from the peers. Changes in fashion, speech, hair style, or personal habits frequently reflect peer values that have been accepted by the adolescent. The media also has a big influence on children and adolescents today. The most binding relationships outside the family are formed during this time. Sharing of intimate thoughts and feelings with peers, usually of the same gender, are essential to progressing to the ability to form intimate relationships as an adult.

Other roles that the adolescent fills at this time are student, club member, and community participant. Interest in social problems is often acute during this time. Involvement in groups that work to solve these problems often occurs. Adolescents may learn about social groups and values that are different from their own in heterogeneous groups while homogeneous groups provide needed security and social identity. A variety of group activities may be helpful to prevent the negative effects of too much of one type of group.

One type of group that has become a continually-growing problem is **gangs.** Adolescents join gangs for the same reasons that they join other groups. For many members the gang is the only place they feel as if they belong. Unfortunately many gang activities are violent, dangerous, and often unlawful. Gangs fight with rival gangs, and because weapons are so readily available, often use guns. Many gangs have certain clothing or colors that identify them as members of a specific gang. Drive-by shootings by gang members against rival gang members often result in innocent people being killed or injured. Adolescents in situations where gangs are prevalent need to be warned of the dangers inherent in the violent activities many gangs engage in.

Two ways that the adolescent may interact in the community are at school or at a job. It may be difficult for the working adolescent to balance a job with school. This balancing provides experience with setting long term goals and priorities. Guidance should be available, if needed, to help ensure that good decisions are made.

The adolescent is beginning to participate as an independent member of society. As an individual all roles and relationships are unique. The role of the professional care provider is to promote optimum health care and development during this transitional period.

CARING FOR ADOLESCENTS

ASSIGNMENT SHEETS 1–3

Development of:
READING SKILLS
WRITING SKILLS
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why the reading, writing, oral communications, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills that are relevant to this task.

READING SKILLS

— Select useful resources

— Locate resources

WRITING SKILLS

— Use standard grammar and correct spelling, punctuation, and capitalization

— State ideas clearly

— Use complete sentences

— Proofread and edit

ORAL COMMUNICATIONS SKILLS

— Apply active listening skills

— Apply questioning techniques

— Conduct/receive interviews

— Communicate with clients/customers/patients

INTERPERSONAL OR RELATING SKILLS

— Interact with clients/customers/patients

CREATIVE THINKING/PROBLEM SOLVING SKILLS

- Collect/record information
- Analyze/synthesize information
- Draw conclusions
- Transfer knowledge/training to new situation

EMPLOYABILITY SKILLS

- Deal effectively with customers/clients

- If students have difficulty selecting resources:
  - Review with them the different types of resources available to them. Have volunteers tell what kind of information can be found in each resource type. Have them discuss what type of projects each resource is helpful with.
  - Help them learn how to locate each resource in libraries, resource centers, or media centers.
- If students have difficulty locating resources:
  - Review with them the different types of resources available to them. Have volunteers tell what kind of information can be found in each resource type. Have them discuss what type of projects each resource is helpful with.
  - Have the students volunteer to tell how they would locate the resources discussed. Be sure they know how to locate each resource in libraries, resource centers, or media centers. Discuss the use of the library's card catalog or its computerized location system.
- If students have difficulty using standard grammar and correct spelling, punctuation, and capitalization:
  - Discuss with the students why it is important to use standard grammar and correct spelling, punctuation, and capitalization. The discussion should include that it is difficult to read and understand incorrectly written materials and that correctly written items will be taken more seriously by readers.
  - As you read items written by the students, make a list of the most common grammar, punctuation, and capitalization errors. Review these with the class or with the individuals.

- Help the students develop a checklist to use as they write, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.

- Have the students work with partners or in groups and review each others' writing. Allow time for the students to discuss the comments with their partners or groups.

- Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.

- If students have difficulty stating ideas clearly:
  - Remind the students to decide in advance what ideas they want to convey and who their audience is. Knowing about the intended audience is important because it helps determine how to present the ideas most clearly.
  - Explain that as they do their research, they should begin to decide how to best present their ideas to their audience. Some possible methods include written reports, charts, graphs, diagrams, etc. Remind them that the intended audience should influence how the material is presented (very simple with lots of pictures for children, a great deal of background information for people who know a little or nothing about the subject, and little background with more complex information for experts).
  - Have the students work with a partner or in a small group. Provide time for the students to share their ideas with each other and make suggestions as to ways to make the ideas more clear.
  - Remind the students that careful preplanning and the use of correct grammar, spelling, punctuation, and capitalization are especially important if their ideas are to be clearly understood by the intended audience.

- If students have difficulty using complete sentences

  — Remind the students that complete sentences should be used in all paragraph-type writing assignments. Discuss what makes a group of words a sentence. Have the students practice recognizing complete sentences using either exercises from any grammar/language arts text or self-prepared sentence activities.

  — Have students volunteer to compose complete sentences using words or topics you suggest. Write the sentences on the board. Have the other students analyze the sentences to determine if they are complete. If they aren't, have a student volunteer to rewrite them in complete sentence form.

  — Stress the importance of using complete sentences in all "sentence or paragraph" style writing.

- If students have difficulty proofreading and editing:

  — Remind the students that successful writing involves a step-by-step process of planning, composing, revising/editing, and proofreading. Explain that during the editing and proofreading stages, they revise their first draft so that it says exactly what they want it to say. It is revised for clarity, organization, grammar, spelling, and mechanics. Suggest that, as they read what they have written, they ask themselves if the reader will know what they're trying to say..

  — Have the students work with partners or in groups and review each others' writing. Allow time for the students to discuss the comments with their partners or groups. Have them help each other decide how to revise their writing.

  — Help the students develop a checklist to use as they revise, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.

  — Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.

- If students have difficulty applying active listening skills
  - Remind the students that they spend much of their time listening to what other people are saying. Ask them if they have ever tried, unsuccessfully, to remember what someone said. Explain that this happens to almost everyone. Ask them why they think this happens.
  - Discuss with them the importance of listening carefully and attentively to conversations, discussions, and interviews. Explain that they should always have a purpose for listening and should always know what they are listening for. Suggest that they take notes or record interviews or discussions that they need or want to remember or use later. This way they will not forget key information.
- If students have difficulty applying questioning techniques:
  - Remind them to plan in advance what they want to ask during the interview by deciding what they need to learn from the interview.
  - Explain that it is always a good idea to have a written list of the questions they want to ask so that no important questions are omitted.
- If students have difficulty conducting interviews:
  - Remind them to either record the interview or take notes instead of relying on their memories.
  - Discuss with them the importance of being prepared when they go to interview someone. Suggest that they always take a written list of questions that they want to ask.
  - Also, remind them to thank the person for taking the time to talk to them.
- If students have difficulty communicating with client's/customers/patients:
  - Remind them that one of the keys to getting along with and successfully communicating with clients, customers, or patients is treating these people with the same respect and attitude you would like to receive. Remind them that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are just that—theirs—and should not be imposed on other people. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if the beliefs seem strange or different.

  - Remind them that one of the best ways to successfully communicate with anyone is to listen thoughtfully and carefully to the other person or person. Don't assume that you know what the other person is going to say because doing this often leads to misunderstandings.

  - Have the students discuss ways they have successfully communicated with clients, customers, or patients. Briefly sum up the ways people have been successful.

- If students have difficulty interacting with clients/customers/ patients:

  - See "Communicating with Clients/Customers/Patients" above.

- If students have difficulty collecting/recording information:

  - Suggest that they first decide how and where the information will be collected and recorded. It is also very helpful to identify how the information will be used. Explain that it is always best to come prepared with pencil or pen and a preplanned sheet for recording the specific information to be collected. This preparation allows the people collecting and recording to devote careful attention to their work.

- If students have difficulty analyzing/ synthesizing information:

  - Explain that it is usually necessary to learn about complex items or things by examining their make-up or parts, such as studying body structure by examining each individual system or studying auto mechanics by examining the different automobile systems.

  - Also explain that it is sometimes necessary to then study the whole item or thing by studying how the parts work together to make the whole item work. This examination helps us identify and compare the relationships the parts have with each other.

  - Help the students understand the concepts by asking what they would do if they turned on a light and nothing happened. Lead them to discuss that they would probably first check to see if the light was plugged in or if the bulb was burned out. Plugging it in or replacing the light bulb might make the light come back on.

  - Then ask the students what they would do if the light still didn't work. Lead them to the conclusion that they should check to see if all the electricity was off. If it is, they will have to think about what they know about the whole electrical system—what are its parts. Identifying the parts of the whole will help them recognize the problem.

- If students have difficulty drawing conclusions:

  - Remind them that when they conduct an experiment, perform a job task, or even discuss a television show or movie, they will often be asked to demonstrate understanding by telling what happened and explaining why it happened.

  - Provide opportunities for the students to practice drawing conclusions by describing events, such as a group of people crowded around a table that has a decorated cake with lighted candles on it, and asking the students to decide what is happening and having them explain why they think as they do.

  - Remind the students that before they can draw conclusions, they must carefully observe what is happening and think about why it is happening. In more complex experiments, it is often a good idea to take notes about your conclusions as you work.

- If students have difficulty transferring knowledge/training to new situations:

  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

  - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

  - A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

  - Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

- If students have difficulty dealing effectively with customers/clients

  - See "Communicating with Clients/Customers/Patients"

ASSIGNMENT SHEET 1

CARING FOR ADOLESCENTS

V

Name ______________________ Score __________

OBJECTIVE 11 **Research community health resources for adolescents.**

INTRODUCTION

One of the most important roles of health care providers in working with adolescents is to be able to provide information regarding resources for health care within the community. Generally the professional care provider should have a list of agencies that provide for particular needs of adolescents. This should include, but not be limited to general counseling—both individual and family, school nurses, family planning clinics, hot line numbers for teenage problems, and clinics for basic health provision. It is best to discuss with the adolescent how much assistance is needed before making referrals. It is also the responsibility of the professional care provider to provide realistic choices for the adolescent.

DIRECTIONS

For each of the problems listed below write the name of two resources that provide for care or services to the local community. Also list the address, phone number and a person for adolescents to contact.

Research and Reference
- Select useful resources

Interactive Communication
- Communicate with clients, customers, patients

Cognitive Activities
- Collect/record information

1. Suicide

   Resource # 1 ______________________

   ____

   ____

   Resource # 2 ______________________

   ____

   ____

2. Teenage Pregnancy

   Resource # 1 ______________________

   ____

   ____

   Resource # 2 ______________________

   ____

   ____

3. Drug or alcohol dependency

Resource # 1 ______________________________

____

____

Resource # 2 ______________________________

____

____

4. Severe acne

Resource # 1 ______________________________

____

____

Resource # 2 ______________________________

____

____

5. Obesity

Resource # 1 ______________________________

____

____

Resource # 2 ______________________________

____

____

6. Family violence

Resource # 1 ______________________________

____

____

Resource # 2 ______________________________

____

____

7. Divorce of parents

Resource # 1 ______________________________

____

____

Resource # 2 ______________________________

____

____

8. Concern about normal growth

Resource # 1 ______________________________

____

____

Resource # 2 ______________________________

____

____

ASSIGNMENT SHEET 2

CARING FOR ADOLESCENTS

V

Name ______________________________ Score ____________

OBJECTIVE 12 **Evaluate health related learning materials appropriate for the adolescent.**

INTRODUCTION The key to health promotion throughout adolescence and the remainder of the life span is education. In this assignment, you are to evaluate some of the available resources that are designed to educate adolescents in areas that promote health. Remember that, for the materials to be effective, they must capture and hold the interest of the user. The information presented must not only be accurate but must also be conveyed in a manner that is appropriate for the intended user.

DIRECTIONS Identify the material you want to evaluate. Materials are usually available in libraries or school resource centers. Your teacher may also have a list of possible materials. The material you choose should deal with a topic related to health promotion in adolescents. Carefully examine the materials and then answer the following:

1. Describe the materials, listing the objective, the intended users, and the components.

   ____

   ____

   ____

   ____

   ____

2. Is the material appropriate for adolescents? Why or why not?

   ____

   ____

   ____

   ____

   ____

Research and Reference
- Select useful resources
- Locate resources

Language
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Composition
- Use complete sentences
- Proofread and edit

Cognitive Activities

- Analyze/synthesize information
- Draw conclusions
- Transfer knowledge/ training to new situations

3. Is the material accurate and factually-based? If not, identify the problems.

4. Is the material thought provoking? Why or why not?

5. Is the material visually stimulating? Why or why not?

6. Does the material meet is objective of promoting health? Why or why not?

7. Does the material capture the attention of the adolescent? Why or why not? ______________________________

____

____

____

____

8. How could the materials be improved? ______________________________

____

____

____

____

____

ASSIGNMENT SHEET 3

CARING FOR ADOLESCENTS

V

Name ______________________ Score __________

OBJECTIVE 13 **Assess growth and development of the adolescent.**

INTRODUCTION The time of adolescence is a time of rapid growth and change. Professional care providers need to be able to assess the physical and developmental impacts of the changes.

DIRECTIONS Use an adolescent patient or volunteer (with parental consent) to complete the following adolescent assessment.

Listening
- Apply active listening skills

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

General Relating
- Interact with clients/customers/patients

Cognitive Activities
- Collect/record information

Initials ______________ Sex ______________

Marital Status __________ Age ______________

Race ______________ Religion ______________

Date of birth __________ Nationality __________

Height ______________ Weight ______________

Pulse ______________ Respirations __________

Blood pressure ______________________________

Age of first menstruation/ejaculation ________________

ENVIRONMENTAL:

How would you describe your neighborhood? ______________

____

____

____

____

How long have you lived there? ____________________

Where did you live before? ______________________

Job Acquisition/ Development

- Deal effectively with customers/clients

ROLE AND RELATIONSHIP:

Describe your family for me.

What kinds of rules are used in your house?

How do you fit in your family?

Do your friends and family get along?

Tell me about your friends.

What do you and your closest friend(s) like to do?

NUTRITION:

Describe a normal day of eating for you.

COGNITIVE:

Tell me what you think you are best at in school. ____________________

____

____

Describe what common sense is. ____________________

____

____

PERCEPTION OF DEVELOPMENT:

How do you see yourself compared to other people your age?

____

____

Have you experienced rapid growth recently? ____________________

____

____

What questions do you have about how you are growing?

____

____

____

ASSIGNMENT ANSWERS	CARING FOR ADOLESCENTS V
ASSIGNMENT SHEET 1	This is a localized assignment. The instructor should make a listing of all possibilities for each category prior to assignment. Update annually since agencies change. Answers should be appropriate for area specified.
ASSIGNMENT SHEET 2	Answers will vary but should indicate the students have thoughtfully evaluated the product.
ASSIGNMENT SHEET 3	Answers will vary. Students should have attempted to get answers teach appropriate question.

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WRITTEN TEST

CARING FOR ADOLESCENTS

V

Name ____________________ Score __________

OBJECTIVE 1

Match terms associated with adolescent growth and development to their definitions. Write the letters of the correct answers in the blanks.

Part 1

_____ 1. The first menstruation

_____ 2. Hardening by calcification of bone

_____ 3. An eating disorder in which large amounts of food are eaten (bingeing) and then purged using self-induced vomiting

_____ 4. Disease of excessive weight loss related to unacceptable self-perception of body image

_____ 5. The sudden discharge of seminal fluid

_____ 6. The formation of myelin on nerve tissue

_____ 7. Weight 20% or more above normal standards

_____ 8. Ejaculation of semen during sleep

_____ 9. Glands which secrete fluid

a. anorexia nervosa
b. apocrine
c. bulimia
d. density
e. ejaculation
f. heterogeneous
g. homogeneous
h. menarche
i. myelination
j. nocturnal emission
k. obesity
l. ossification
m. peer
n. scoliosis

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Part 2

_____ 1. Disease in which there is a lateral curvature of the spine

_____ 2. Disease in which the oil glands become inflamed, usually involving the face

_____ 3. Person of similar age, class, or rank

_____ 4. Process of discharging blood and waste material from the uterus

_____ 5. Prevention of pregnancy

_____ 6. Thickness

_____ 7. A group consisting of members who are from different backgrounds

_____ 8. To free from authority

_____ 9. A group consisting of members who are from similar backgrounds

a. acne

b. anorexia nervosa

c. contraceptive

d. density

e. emancipation

f. heterogeneous

g. homogeneous

h. menarche

i. menstruation

j. myelination

k. nocturnal emission

l. ossification

m. peer

n. scoliosis

OBJECTIVE 2 **Select the word or phrase that completes statements about normal physical development of the adolescent.**

_____ 1. The statement that is most correct concerning the relationship of height and weight during the adolescent growth spurt is ___.

a. Height and weight gains occur equally and at the same time.
b. Height and weight gains parallel each other but weight lags about 6 months behind.
c. Height gains occur at a greater rate than weight gains.
d. Weight gains occur at a greater rate than height gains.
e. There is no predictable relationship between height and weight gains.

_____ 2. The following adolescents have just begun their growth spurt at the age stated. Choose which adolescent can be expected to reach the greatest height.

a. Ann, 12, 60 inches tall
b. Grace, 13, 60 inches tall
c. Emily, 14, 62 inches tall
d. Melissa, 15, 62 inches tall

_____ 3. During the early phase of the growth spurt, parents will need to plan for frequent purchases of ___.

a. Pants (slacks)
b. Shirts
c. Jackets
d. All of the above

_____ 4. Which occurs last in skeletal growth?

a. Chest depth
b. Leg length
c. Pelvic width
d. Shoulder width

_____ 5. The recommendation that can assist the adolescent client in decreasing the effects of poor muscle coordination is ___.

a. An electromyogram
b. Sleeping
c. Frequent rest periods
d. Regular exercise

_____ 6. The sensory loss which most frequently occurs during adolescence is ___.

a. Smell desensitization
b. Hearing deficits
c. Visual acuity decreases
d. Taste becomes less acute

_____ 7. The teeth that are expected to erupt during adolescence are ___.

a. First molars
b. Second molars
c. Third molars
d. Both second and third molars

_____ 8. The vital signs are expected to reach normal adult levels at age ___.

a. 12
b. 16
c. 18
d. 21

_____ 9. The personal care item that the professional care provider should provide as part of routine care in adolescence that did not need to be provided in childhood is ___.

a. Perfume
b. Dental floss
c. Facial scrub
d. Deodorant

_____ 10. The pituitary hormone that produces sexual development is the ___.

a. Growth hormone
b. Thyroid stimulating hormone
c. Adrenocorticotropic hormone
d. Gonadotropic hormone

_____ 11. The hormone that produces the sexual changes of the male is ___.

a. Insulin
b. Estrogen
c. Progesterone
d. Testosterone

OBJECTIVE 3 **Select the word or phrase that completes statements about the psychosocial development of adolescents.**

_____ 1. The major psychosocial adjustment of adolescence is ___.

a. Transition from child to adult
b. Adjusting to peer group expectations
c. Choosing rational behaviors
d. Progressing from dependence to independence

_____ 2. The conflict that Erikson specifies for the adolescent is ___.

a. Initiative vs. shame and doubt
b. Intimacy vs. isolation
c. Identity vs. role confusion
d. Generatvity vs. despair

_____ 3. The area of Havighurst's eight developmental tasks that health care professionals can have the greatest influence on is ___.

a. Body acceptance
b. Relationships with both sexes, parents, and family
c. Career, marriage, and family choices
d. Behavior/ethical values

OBJECTIVE 4 **Select the word or phrase that completes statements about the cognitive development of adolescents.**

_____ 1. Piaget considers the cognitive level of the adolescent to be ___.

a. Sensorimotor
b. Concrete operational
c. Formal operational
d. Preoperational

_____ 2. Which cognitive thought process is the adolescent ready to perform?

a. Brainstorming
b. Scientific process
c. Debating an ethical question
d. All of the above

_____ 3. Before people enter the formal operational stage of development, they must have ___.

a. Accomplished the concrete operational stage of development
b. Turned 13
c. Entered puberty
d. All of the above

OBJECTIVE 5 **Select the word or phrase that completes statements about health promotion measures for adolescents.**

_____ 1. The statement that is most accurate concerning adolescent rest and sleep is ___.

a. Adolescents need a regular number of hours of sleep every night.
b. Adolescents need less sleep than other age groups.
c. Adolescent sleep needs are unpredictable and no plan can be made.
d. Adolescents need increased hours of sleep but the schedule may vary.

_____ 2. The statement that is most true regarding dental care of adolescents is ___.

a. Braces are an embarrassment to all adolescents.
b. Adolescents are self-conscious; therefore, personal dental care is performed well.
c. Cooperation by adolescents in dental treatment requires including them in decision making.
d. Dental care routine is easy for the adolescent.

_____ 3. The infectious disease for which the risk increases during adolescence is ___.

a. Measles
b. Mumps
c. Chickenpox
d. Tuberculosis

_____ 4. Scoliosis screening can be discontinued at ___.

a. The beginning of growth spurt
b. 15
c. 21
d. The end of growth spurt

_____ 5. Acne can be made worse by ___.

a. Insufficient cleansing
b. Overcleansing
c. Stress
d. Both insufficient cleansing and overcleansing

_____ 6. The role of the parents and care giver concerning drug use by adolescents is most commonly ___.

a. Drug treatment and counseling
b. Being available when needed
c. Promoting positive self-esteem
d. Both b and c

_____ 7. The statement that is most true about the long term effects of teenage sexual activity is ___.

a. Early pregnancy may interfere with physical growth.
b. Early pregnancy frequently results in decreased reproductive capability.
c. Teenage STDs frequently interfere with physical growth.
d. There are no long-term physical effects of teenage pregnancy.

OBJECTIVE 6 **Describe the nutritional needs of adolescents.**

____

____

____

____

____

____

OBJECTIVE 7 **Select the word or phrase that completes statements about safety concerns during adolescence.**

_____ 1. The leading cause of death in adolescence is ___.

a. Accidents
b. Suicide
c. Cancer
d. Teenage pregnancy

_____ 2. The item(s) that should be purchased with a motorcycle for safety is/are ___.

a. Seat belts
b. Life insurance
c. Protective clothing
d. All of the above

_____ 3. Teaching about water should include ___.

a. Never dive
b. Avoid swimming in rivers and lakes
c. Check water depth before diving
d. All of the above

OBJECTIVE 8

Discuss legal/ethical aspects of adolescent care. Include in your answer the role of the professional care provider working with adolescents seeking an abortion and the age of majority in the U.S.

OBJECTIVE 9

Select the word or phrase that completes statements about the effects of hospitalization on the adolescent.

_____ 1. To determine the potential effects of hospitalization on an adolescent the first priority of the professional care provider is to ___.

a. Assess developmental level
b. Assess parental model
c. Implement standard practice for disease
d. Tell the client expectations to the adolescent

_____ 2. The explanation of hospital rules for the adolescent should ___.

a. Focus on exceptions to the rules
b. Include rules as they apply to all patients
c. Let the patient know the staff is in control
d. Be brief and allow for variation

_____ 3. The reaction to illness that is felt more acutely during the adolescent stage than other life stages is ___.

a. Altered body image
b. Powerlessness
c. Alteration in family process
d. Ineffective family coping

_____ 4. The statement that is most accurate concerning the response of the adolescent to hospitalization is "The adolescent will ___."

a. Resist treatments which threaten him/her
b. Passively go along with the requests of the hospital staff but resist parental involvement
c. Respond like nothing is wrong
d. Respond according to developmental level and amount of information provided

_____ 5. The care plan of the adolescent should include ___.

a. Maximum self care
b. Socialization with outside peers
c. Time to be alone
d. All of the above

OBJECTIVE 10 **Describe role and relationship patterns of adolescents.**

1. What is the goal of role and relationships for the adolescent?

____

____

____

____

____

2. Describe the factors which are important in the forming of peer relationships during adolescence.

____

____

____

____

____

3. Contrast the contributions made to adolescent development by heterogeneous and homogenous group involvement.

NOTE: Objectives 11, 12, and 13 are evaluated on the job/assignment sheets in this unit. If you have not completed this component, see your instructor.

WRITTEN TEST ANSWERS

CARING FOR ADOLESCENTS

V

	Part 1	Part 2
OBJECTIVE 1	1. h	1. n
	2. l	2. a
	3. c	3. m
	4. a	4. i
	5. e	5. c
	6. i	6. d
	7. k	7. f
	8. j	8. e
	9. b	9. g
OBJECTIVE 2	1. b	7. d
	2. d	8. c
	3. a	9. d
	4. a	10. d
	5. d	11. d
	6. c	
OBJECTIVE 3	1. d	
	2. c	
	3. a	
OBJECTIVE 4	1. c	
	2. c	
	3. a	

OBJECTIVE 5

1. d
2. c
3. d
4. d
5. d
6. d
7. a

OBJECTIVE 6

Answers will vary but should include the following:

- basic needs can be met by the four food groups
- growth spurts cause fluctuations in the desire for food
- should be encouraged to choose foods from nutritional value instead of for convenience or popularity
- eating disorders often effect teenagers
- necessary to help adolescents make a realistic assessment of weight, growth, nutritional needs, and body concept

OBJECTIVE 7

1. a
2. c
3. c

OBJECTIVE 8

The role of the professional care provider is to inform the adolescent of state laws which control abortion as well as answer questions the adolescent may have about clinics which provide further counseling and abortions. The age of majority in the U.S. is 18.

OBJECTIVE 9

1. a
2. b
3. a
4. d
5. d

OBJECTIVE 10

1. The goal of role and relationships for the adolescent is development into a competent adult.
2. Should include discussion of social status, family values, similar interest and proximity.
3. In homogeneous groups personal values as supported as socially acceptable while in heterogeneous groups the adolescent learns to value other persons with other values.

OBJECTIVE SHEET

CARING FOR ADULTS

VI

INTRODUCTION

Adulthood is the period within the life span that contains the greatest number of years. It is frequently considered uneventful by many but there are many significant developmental changes that occur during this time. The professional care provider frequently works with many adult clients. It is necessary to assess developmental needs to provide care that promotes optimum growth potential.

UNIT OBJECTIVE

After completing this unit, the student will be able to provide care for the adult using principles of growth and development. The student will show competency by completing assignment sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITE

Before studying this unit, the student will have successfully completed Unit I: Basic Concepts of Growth and Development.

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with adult growth and development to their definitions.
2. Select the word or phrase that completes statements about common characteristics of physical development of the adult.
3. Differentiate between the two major conflicts in the psychosocial development of the adult.
4. Describe characteristics of cognitive development of adults.
5. Select the word or phrase that completes statements about health promotion measures for adults.
6. Describe the nutritional needs of the adult.
7. Select the word or phrase that completes statements about safety concerns of the adult.
8. Discuss legal/ethical aspects of adult care.
9. Select the word or phrase that completes statements about the effects of hospitalization on the adult.
10. Select the word or phrase that completes statements about role and relationship patterns of adults.
11. Assess growth and development of adults. (Assignment Sheet 1)
12. Develop a personal recreation schedule. (Assignment Sheet 2)

SUGGESTED ACTIVITIES

CARING FOR ADULTS VI

PREPARATION

- Review unit and plan presentation.
- Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
- Review teaching suggestions and plan classroom activities.
- Determine how you will schedule time for students to demonstrate competence in the required procedures.
- Order materials to supplement unit.
- Invite guest speakers.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation.
- Make a poster.
- Make a bulletin board.
- Devise games and/or crossword puzzles to reinforce terms, groupings, etc.
- **HOSA** Integration:
  - Assist student in conducting a chapter service project on safety.
  - Develop objectives for service project and identify a theme.
  - Create a poster according to Extemporaneous Health Display rules. Display in highly visible areas.
  - Plan community or school health project that involves disseminating pamphlets about adult growth and development.
  - Share guidelines for Oklahoma HOSA Safety competition.

DELIVERY

Objective 1: Match terms associated with adult growth and development to their definitions.

- Present new terms for discussion.
- Have students highlight or underline terms in information sheets.

- Have the students write original sentences using all of the terms. More than one word can be used in each sentence.

Objective 2: Select the word or phrase that completes statements about common characteristics of physical development of the adult.

- Present information through lecture, discussion, and questioning.

- Have students chart the normal changes presented in this section as a head to toe assessment as it would be written in nurse's notes or on an assessment sheet.

- Provide experiences that allow for assessment of various ages of adults in clinical settings.

- Obtain a copy of a personal life stressor inventory such as the Social Readjustment Rating Scale developed by Holmes and others. These inventories may be found in several sources such as *Abnormal Psychology and Modern Life*, page 144 (see Suggested Resources). Have the students complete the inventory themselves or have them give it to a friend to complete. Have them analyze the results, following the directions for the particular inventory.

Objective 3: Differentiate between the two major conflicts in the psychosocial development of the adult.

- Present information through lecture, questioning and discussion.

- Review Erikson from Unit I in *Life Span*.

- Discuss lifestyles relating to psychosocial development which indicate intimacy vs. isolation during the young adult stage and generativity vs. stagnation during the middle adult years.

- Have the students write a self-analysis to include what may be necessary to have positive resolution of the adult psychosocial conflicts in their own lives.

- Discuss coping mechanisms which assist in the adjustments made at this time.

- Have students complete Assignment Sheet 1.

Objective 4: Describe characteristics of cognitive development of adults.

- Present information through lecture, questioning and discussion.

- Provide sample standardized tests that show fluid intelligence and crystallized intelligence. Demonstrate how these are used in everyday life.

- Have students make a lesson plan for teaching the same information, such as an exercise plan or nutrition change, to a young adult and a middle age adult. Compare the teaching methods used. Have the students tell why they used the methods they did.

- If adult students are in the class, discuss the reasons they are in school. Use these as examples of the educational impact during the adult years.

Objective 5: Select the word or phrase that completes statements about health promotion measures for adults.

- Present information through lecture, questioning, and discussion.

- Organize and present an adult health fair as a HOSA Community Project. Have the fair focus on either cancer prevention and treatment or exercise and leisure activities.

- Assign specific teaching assignments to be done in civic organizations.

- Discuss the seven warning signs of cancer. This list of warning signs is available from the American Cancer Society. Stress the importance of early detection and treatment.

- Assign individual or group projects by HOSA guidelines to provide displays at community centers.

Objective 6: Describe the nutritional needs of the adult.

- Present information through lecture, questioning, and discussion.

- Have students work in groups to prepare an adult's meal plan for a week. Specify any special needs that exist. Follow-up by giving the students a food budget and having them shop for the groceries necessary to fill this meal plan. If the budget didn't buy the needed foods, have the students adjust the meal plan accordingly.

- Discuss the importance of participation by the client and the effects of culture on dietary intake for the adult.

Objective 7: Select the word or phrase that completes statements about safety concerns of the adult.

- Present information through lecture, questioning, and discussion.

- Plan a HOSA community project concerning family violence, chemical abuse, or suicide risks.

- Invite a guest speaker to present information on local resources for health risks of the adult.

Objective 8: Discuss legal/ethical aspects of adult care.

- Present information through lecture, discussion, and questioning.
- Invite an attorney to speak concerning special aspects of the state law regarding rights and/or recent litigation concerning health care clients.
- Provide sample cases of ethical questions for small group discussions and presentations.

Objective 9: Select the word or phrase that completes statements about the effects of hospitalization on the adult.

- Present information through lecture, discussion, and questioning.
- Assign students adult clients to allow for experience in utilizing the nursing process for these clients.
- Have students complete a care study which evaluates all the effects of hospitalization on one client who has been observed for several days.

Objective 10: Select the word or phrase that completes statements about role and relationship patterns of adults.

- Present information through lecture, discussion, and questioning.
- Have students relate experiences within their own families or with friends that indicate the variety of roles the adult may have.
- Discuss the "sandwich generation," and its impact on the roles of adults.
- Have students interview an adult about his or her present personal and social role.

APPLICATION

Objective 11: Assess growth and development of adults.

Have students complete Assignment Sheet 1.

Objective 12: Develop a personal recreation schedule.

Have students complete Assignment Sheet 2.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.

- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities if not previously done.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.
- Reteach and retest if necessary.
- Complete appropriate section of competency profiles.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Print Media

- Badasch, Shirley A. and Doreen S. Chesebro. *The Health Care Worker.* Prentice-Hall, Inc., Englewood, New Jersey, 1988.
- Bandman, Elsie L. and Bertram. *Nursing Ethics in the Life Span*, Appleton-Century-Crofts, East Norwalk, Connecticut, 1985.
- Broadribb, Violet, *Introductory Pediatric Nursing*, J.B. Lippincott Company, Philadelphia, PA, 1983.
- Carson, Robert C., James N. Butcher, and James C. Colemen. *Abnormal Psychology and Modern Life,* Scott, Foresman and Company, Glenview, Illinois, 1988.
- Freiberg, Karen L. *Human Development: A Life-Span Approach*, Jones and Bartlett Publishers Inc., 20 Park Plaza, Boston, Massachusetts 02116, (Editorial offices 23720 Spectacular Bid, Monterey, California 93940).

- Hill, Patty Maynard and Patricia Humphrey. *Human Growth and Development Throughout Life*, John Wiley and Sons Inc. 1982.
- Jones, Dorothy A., Mary Kolassa Lepley, and Bette A. Baker. *Health Assessment Across the Life Span*, McGraw-Hill Inc. 1984.
- Kreps, Gary L. and Barbara C. Thornton. *Health Communication*, Longman Inc., 1560 Broadway, New York, NY 10036, 1984.
- *Patient's Bill of Rights* from the American Hospital Association, 840 N. Lake Shore Drive, Chicago, Illinois 60601
- Pillitteri, Adele. *Child Health Nursing: Care of the Growing Family*, Little, Brown and Company, 1987.

UNIT REFERENCES

- Badasch, Shirley A. and Doreen S. Chesebro. *The Health Care Worker*. Prentice-Hall, Inc., Englewood, New Jersey, 1988.
- Bandman, Elsie L. and Bertram. *Nursing Ethics in the Life Span*, Appleton-Century-Crofts, East Norwalk, Connecticut, 1985.
- Broadribb, Violet, *Introductory Pediatric Nursing*, J.B. Lippincott Company, Philadelphia, PA, 1983.
- Carson, Robert C., James N. Butcher, and James C. Colemen. *Abnormal Psychology and Modern Life*, Scott, Foresman and Company, Glenview, Illinois, 1988.
- Freiberg, Karen, *Human Development: A Life-Span Approach*, 3rd ed., Jones and Bartlett Publishers, Inc., Boston, Massachusetts.
- Hill, Patty Maynard and Patricia Humphrey, *Human Growth and Development Throughout Life: A Nursing Perspective*, John Wiley and Sons, Inc., 1982.
- Jones, Dorothy A., Mary Kolassa Lepley, and Bette A. Baker. *Health Assessment Across the Life Span*, McGraw-Hill Inc. 1984.
- Keane, Claire Brackman, *Essentials of Medical-Surgical Nursing*, W.B. Saunders Company, Philadelphia, PA, 1986.
- *Patient's Bill of Rights* from the American Hospital Association, 840 N. Lake Shore Drive, Chicago, Illinois 60601
- Pillitteri, Adele, *Child Health Nursing*, Little, Brown and Company, Boston, MA, 1987.

INFORMATION SHEET

CARING FOR ADULTS VI

OBJECTIVE 1

Match terms associated with adult growth and development to their definitions.

autoimmune — production of antibodies by the body against itself

crystallized intelligence — thought process that uses experience in solving problems

decade — a period of ten years

fluid intelligence — thought process that involves short term memory and abstract thought

gastric motility — movement through the gastrointestinal system

generativity — sharing experiences and knowledge with younger generations

insomnia — inability to go to sleep

intimacy — sharing of oneself, honestly and completely with another person

isolation — separation of self physically or emotionally from other people

menopause — the permanent ceasing of menstruation

osteoporosis — degenerative bone disease resulting in loss of bone tissue

presbyopia — inability to focus on near objects (far-sighted)

procreation — reproduction of offspring

sedentary — low activity level

stagnation — stopping of growth

OBJECTIVE 2

Select the word or phrase that completes statements about common characteristics of physical development of the adult.

Many people believe that physical growth stops at the end of adolescence. However, the human body is in a constant state of change. Most functions of the body are at their peak during the decade of the twenties after which gradual changes toward decreased function begin.

Full adult **height** is reached during the early twenties. The average height for a man is greater than the average height for a woman. After age 25 height begins to slowly decrease, and by age 60 most people have decreased height by 1 2 inch unless osteoporosis causes greater bone loss.

During adulthood, **weight** gain averages one pound per year from the ages of 20 to 50. Many researchers feel that this gain is due to a sedentary life style rather than to the actual aging process.

The **skin** is the gauge that the average person uses to determine the aging process. The epidermis remains intact while the dermis and subcutaneous layers lose elasticity and tissue. This causes the wrinkling associated with aging. Moisture within the cells and prevention of excessive external drying, such as tanning, decreases the rate at which these changes occur. The hair also changes with age becoming less dense, more brittle and gray.

The **immune system** experiences change during later middle age. The system may become less able to differentiate between changes caused by the body and those changes caused by outside factors. This process is called an autoimmune response. Several diseases, such as rheumatoid arthritis, myasthenia gravis, and cancer, may be linked to this process.

The twenties are the time for the greatest **bone strength.** After that time bone loss occurs which is more rapid in females. Greater bone loss increases the risk of fracture. The connective tissue of the skeletal system such as cartilage also gradually becomes less elastic.

Muscular tone and strength are also at its greatest during the twenties. Decreasing power, speed, and endurance of muscular contractions is noted as aging increases. During the years from 20 to 55, muscle mass is being replaced by one pound of body fat per year giving the middle adult a flabbier appearance even without weight gain.

The **nervous system** also reaches its peak during the twenties. Myelination is completed around age 25. Brain size begins to decrease at about age 30, but no significant loss of function can be determined in most adults. Reaction time also begins to decline after the twenties, but reflexes remain intact until 80.

Hearing loss actually begins to occur during late adolescence, but, since it generally starts with a loss of high pitches, it is not noticeable until later. Hearing loss in middle age is also influenced greatly by environmental noise. After 40, soft tones and some pitches found in speech may be lost.

Taste and **smell** also begin to decrease in the forties. These contribute to changes in food preferences and dietary intake.

Visual acuity remains constant until the forties. At that time the lens starts to be less flexible, and presbyopia causes many people to begin to need reading glasses or bifocals. The ability of the eyes to accommodate light also decreases. Light intensity must increase significantly for the person to see clearly. Color vision of the pale blues and violets decreases due to a yellowing of the lens which begins gradually at about age 20. Peripheral vision begins to decline in the fifties.

With good **dental** health care during childhood and throughout adulthood, there are not significant changes in the dental area during the adult age. Prevention of plaque and gum disease through brushing, flossing, and regular visits to the dentist will help the adult maintain a complete set of teeth.

The **heart** and **vessels** begin to lose elasticity as early as the twenties, but significant changes are usually not found until the forties. The strength of the heart muscle decreases by about 1 percent per year beginning at age 20. The left ventricle becomes more atrophied when physical activity is decreased. Vessels become less elastic and lipid deposits cause a decrease in the size of the opening for blood flow. Although not the sole cause of hypertension in middle age, this may be a contributing factor.

By the end of the middle adult period some decrease in **respiratory ability** may be noticed. Although the alveoli begin loss much earlier through loss of elasticity, the great reserves of the respiratory system compensate, and only in the later stages are changes noted. This is another area in which environmental influences such as inactivity, smoking, or pollution may cause changes to occur at a much at a much more rapid rate.

The major change in the **gastrointestinal system** is the thinning of the lining of the stomach and esophagus. Some adults experience a decrease in gastric motility which may result in constipation. Others are exposed to stresses which may cause an increase or decrease in hydrochloric acid or pepsin production. Poor dental hygiene may also detract from gastrointestinal function at this time.

The **urinary system,** like the respiratory system, decreases but has sufficient reserves to compensate. The total nephrons decrease gradually, but urine production is usually sufficient. The muscle tone within the ureters, bladder and urethra may cause some difficulty. The middle age adult male has urinary difficulties associated with enlargement of the prostate gland.

The **endocrine system** experiences minimal changes and remains functional throughout the adult period. The thyroid gradually declines from age 25 to 80 but usually maintains sufficient function throughout the life span. The increased incidence in diabetes is usually related to obesity rather than solely to a deficiency in production of the Islets of Langerhans. The only drastic change in endocrine function is the decrease in estrogen in women. Most men do not experience significant testosterone decreases until later.

Adulthood is the primary time of **reproduction**. The ideal age remains between 20 and 40 for women. Increases in this range should be considered on an individual basis. The male remains capable of reproduction throughout the life span, though some decrease may be noted after age 80.

Sexual interests for both sexes peak during adulthood. Decline is noted in older middle age for those who consider that the primary reason for sex is procreation. Others experience fulfilling sexual experiences throughout the life span.

Menopause in women occurs in the later part of the middle adult span. Decreases in estrogen result in ovulation and menses becoming irregular and finally ceasing. Menopause has occurred when there has been no menstrual flow for one year. Vascular changes account for "hot flashes" in which the woman experiences warmness, perspiration, and redness of the skin.

Although many of the physical changes are expected, health measures can decrease the rate and the noticeable effects of the aging process. Some people may read this and feel that life is over by 30; therefore, the health care professional must stress to these people over and over again how gradual and undetectable some of these changes are.

OBJECTIVE 3 **Differentiate between the two major conflicts in the psychosocial development of the adult.**

Erikson theorized that there are two major conflicts for the adult. The first is found in the young adult and is the conflict between **intimacy and isolation.** The young adult is moving from developing self image in adolescence to being able to share that self with another person. All cultures have some form of intimate relationship between adults. In American culture the majority find this intimacy in marriage. Alternative lifestyles represent a small portion of the population, and the professional care provider must be aware that intimacy can be established in a variety of lifestyles. Isolation is seen as the inability to share completely with another person because of a fear of being hurt or a feeling of being too different.

During middle adulthood the conflict is **generativity vs. stagnation**. The middle adult develops by sharing societal standards and actions with younger people. These may be children, adolescents, or younger adults. Although the most common form of generativity is found in sharing with offspring, roles such as mentors also become important to the middle adult. These mentor or teacher roles help middle adults retain a feeling of value. The fear of aging and the feeling that life is a waste results in stagnation.

Many people who work with adults may find a lack of clear delineation between young adults and middle adults in the actions depicting Erikson's conflicts. It is necessary for the professional care provider to accurately assess what is presently happening to identify important psychosocial aspects of the adult.

OBJECTIVE 4 **Describe characteristics of cognitive development of adults.**

For those who are worried about the physical loss of brain tissue, don't. The news is good. Although **fluid intelligence** diminishes during the adult years, **crystallized intelligence** increases. Fluid intelligence relates to short-term memory and the ability to solve problems quickly. Crystallized intelligence is the ability to use past experiences in everyday situations. The ability to increase intelligence is greater in adults who have had a variety of experiences.

Adults remain capable of learning throughout the life span. Many adults during young and middle adulthood seek further education and do as well as, and frequently better than, adolescents. For some adults in this age group, education is one way they evaluate their success in life, and the possibility of never reaching a particular educational goal may contribute to feelings of inadequacy in life. Professional care providers must be able to reassure clients that learning and reaching their educational goals remain possible throughout this phase.

OBJECTIVE 5 **Select the word or phrase that completes statements about health promotion measures for adults.**

Throughout the life span the basic health needs remain fairly constant. Rest, exercise, and disease prevention have been consistent up to this age, and, in adulthood, the need for sexual expression is added.

During the adult years the need for sleep decreases. Adults may have a variety of sleep disturbances such as insomnia, nightmares, and early awakening. These become more pronounced with the use of sleep medications. Careful assessment of activities, stress, and daily schedule should be made to assure that the client's lifestyle promotes appropriate rest. Strenuous activities should be avoided near bedtime. Activities such as reading and watching television may be helpful to induce relaxation prior to attempting to go to sleep.

American society has become increasingly sedentary during the adult years. Many of the effects of aging occur more rapidly when there is insufficient exercise. Adults need a regular schedule of exercise that includes aerobic levels three to four times a week. Planning and teaching about exercise must be based on a careful assessment of the client's preferences, the availability of a support group or person, and the setting of realistic, gradual goals. Most adults are least resistive to walking, but they may need a support person to encourage them and walk with them. Exercises that involve the legs should be encouraged because of the vascular benefits found throughout the body when the legs are used. Lifetime leisure activities that include exercise should be encouraged. Exercise is of great benefit in maintaining a healthy cardiovascular system.

Basic hygiene remains important in disease prevention. The adult should be aware of changes in the body that may necessitate care changes. The skin and hair may need less frequent washing to prevent additional drying. Lotions may also become more necessary for this reason. Dental habits must be carried out faithfully to prevent tooth loss and gum disease.

Adults frequently think that immunizations are only for children. It is recommended that adults have a TD booster (Tetanus-Diphtheria) every ten years. If an injury occurs after 5 years, the tetanus antitoxin is recommended. Regular tuberculosis screening may also be necessary. Flu vaccine may be recommended for people with chronic illnesses or for health care workers.

One of the most frequent problems, which can often be prevented, is back problems. It is the most common cause of loss of work time and worker's compensation during the adult years. Excessive lifting and lifting that is infrequently done are the primary causes. Twisting during lifting should be avoided. The total body should be used during lifting so that weight is distributed, and the work is accomplished by several muscle sets. Regular exercise also keeps the body better prepared. Flex knee sit-ups and pelvic tilt exercises increase the strength of abdominal and back muscles which prevent some back injuries.

Possibly the most feared disease of the young and middle adult is cancer. The best cure is early detection. The American Cancer Society has published a list of the seven warning signs of cancer. All adults should know these warning signs.

- Change in bowel or bladder habits
- Any sore that does not heal
- Unusual bleeding or discharge
- Thickening or lump in breast or elsewhere
- Indigestion or difficulty in swallowing
- Obvious change in wart or mole
- Nagging hoarseness or cough

All adults should also be taught the appropriate detection mechanisms. Women should be taught to perform monthly self breast exams during early adulthood. Routine gynecologic exams, which include Pap smears and regular mammograms, allow for early detection. Men should be taught to perform monthly testicular examinations.

Sexual health during adulthood is very important. Satisfactory sex is judged by both partners. Meeting the expectations (frequency, variety, etc.) of both partners is the basis for sexual health. Lifestyles may interfere with the promotion of good sexual health. Hectic schedules, lack of exercise, poor nutrition, family responsibilities, and lack of communication may all contribute to decreased sexual satisfaction. STD's are an ever-growing problem especially among young adults. Safe and safer sex measures must continue to be stressed. The professional care provider must be able to assess and plan the measures that are appropriate for meeting each client's individual needs.

OBJECTIVE 6 **Describe the nutritional needs of the adult.**

The need for the four basic food groups remains constant throughout the life span. During young and middle adulthood the person needs 2 meats, 2 dairy products, 4 breads and grain, and 4 fruit and vegetables each day. The challenge during this period of time is to gradually decrease calorie intake while maintaining adequate nutrients.

Most adults need to limit fat intake, especially those fats that are high in cholesterol. This contributes to a healthier vascular system. Changing the method of cooking from frying to baking or broiling is effective in decreasing some of the intake of cholesterol. Screening is available to assess individual needs.

The fear of the effects of aging may make some adults turn to health foods that make wonderful-sounding claims and promises. No significant benefit has been shown by massive vitamins or other measures which have been promoted as healthy. The client needs to know areas that may need supplementing such as iron and calcium, but realistic nutritional planning that emphasizes the four food groups is most essential for maintaining nutrition at this time.

OBJECTIVE 7 **Select the word or phrase that completes statements about safety concerns of the adult.**

During early adulthood **accidents** remain the major cause of death. Motor vehicle accidents are the greatest contributor to this statistic. The increased number of laws requiring the use of seat belts and stricter laws regulating driving under the influence of alcohol (or drugs) are measures which will hopefully decrease the number of deaths caused by motor vehicle accidents.

Another danger that is frequently encountered at this time is the use of **weapons.** Whether inflicted intentionally or accidentally, injuries from guns, knives, and other weapons are most common during the adult stage. Professional care providers should assess the attitude concerning weapon safety and use with those clients at greatest risk.

Suicide is another problem encountered during the young and middle adult stages. The professional care provider should assess whether each client feels capable of adequately meeting the demands of various roles of adulthood. Feeling unable to meet their own expectations is often of cause of suicide. Many adults consider suicide during periods of depression or severe loss, but few actually make plans to commit suicide. If suicide seems to be a real threat, the client should be referred to an appropriate source for help. Dealing with this complex situation requires specially-trained, professional help.

Violence is a problem during the adult stages. Those who inflict violence as well as the victims of violence need assistance to cope with and change the situation. Domestic violence makes up a large part of the violence found in American society. Spousal abuse is not uncommon. To give some perspective to the severity of the problem, more Americans are killed in the home by family members or relatives than in any other violent situation. The teaching of alternate means for negative expression and the use of support groups may present some hope in this area.

A single thread that runs through the majority of dangers and risks encountered in both adolescence and adulthood is the **use of alcohol or other drugs.** Chemical abuse increases the risks and dangers in all areas. The professional care provider should be well aware of the local resources, such as Alcoholics Anonymous, that are successful in decreasing the abuse of chemicals that can harm the client and the family.

OBJECTIVE 8 **Discuss legal/ethical aspects of adult care.**

The ethical care of the adult patient is based on the values adopted by society. In American society today, there are many issues of basic rights in relationship to health care. The right to medical and health care, the right to receive care equally, and the basic recognition of the rights of all human beings are considered in health care. Some include obligations with these rights while others consider them intrinsic in existence. Nurses as participants in the health field, and as members of society, must evaluate their own values in determining ethical treatment in giving health care and correlate these values to the expectations of society and their profession.

The basic premise necessary for understanding the legal and ethical aspects of adult care is the Patient's Bill of Rights developed by the American Hospital Association. Nurses and other health care professionals who utilize this as a standard of care prevent legal implications to themselves and provide the ultimate ethical care to the client.

Legal treatment of adults is based on both written law and common practice within the health care professions. It is the nurse's obligation to deliver care that meets standards of practice for the profession. Negligence and malpractice are the two most common legal implications of adult nursing. Negligence is the failure to fulfill a responsibility; malpractice is the improper or incorrect action.

OBJECTIVE 9 **Select the word or phrase that completes statements about the effects of hospitalization on the adult.**

Health care planning focuses on the needs of the adult client. The physical, psychological, social, spiritual, and sexual health of the adult is affected during hospitalization. The health care provider must use assessment to determine which areas present the greatest challenges for the individual client.

The primary physical effect of hospitalization is immobility. Many complications can occur, and it is the goal of the health care provider to prevent serious complications. Skin breakdown, urinary stasis, respiratory congestion, circulatory stasis, and muscle weakness occur after only a few days of bed rest. Routine actions such as bathing, mouth care, turning, range-of-motion exercises, and physical assessment all play a part in the prevention of complications from immobility.

Psychologically, the impact of hospitalization varies greatly. Most clients are frightened by the loss of control of their own bodies. Some react by expressing anger while others respond by withdrawing from interaction. People admitted to the hospital for the first time respond differently than those who have been admitted frequently or even occasionally. The reason for admission influences the psychological impact of the hospitalization. A woman delivering a baby as part of a planned, healthy pregnancy can be expected to respond quite differently than the person who has just been diagnosed as having a terminal disease. It is the role of the professional care provider to encourage open communication so that whatever the reaction of the client, the health care team can respond appropriately to the individual needs.

One of the more obvious effects of hospitalization is the change in socialization during the stay. In addition, sometimes the hospitalization may signal a permanent change in the social aspects of the person's life. Like almost everything else, socialization in the hospital must be handled on an individual basis. Strict visiting hours may be appropriate for some clients to provide for their physical and social needs while other clients may require adaptations to be able to meet their needs. No one can be expected to consider hospitalization as a "normal" socialization environment. Family interactions may be more intense than in the home environment or denial may break down the lines of communication. The professional care provider needs to facilitate ways in which clients can meet their socialization needs.

Meeting a client's spiritual needs presents a special challenge because the health care role in today's society is frequently limited to assessing denominational affiliation. The professional care provider can best respond to a diversity of spiritual needs by becoming informed about the greater variety of spiritual beliefs that exist today. These beliefs can affect diet, hygiene, and treatment. The care provider must be flexible enough to integrate the individual differences caused by spiritual beliefs while adhering to hospital regulations. Notification of a chaplain or priest should be done upon request of the client or the family.

Care providers must be careful to not let personal beliefs or biases influence a client's treatment. They must not judge client's beliefs wrong and therefore unimportant. They must remember that everyone has the freedom to believe as he or she chooses.

Sexuality is most accepted during the adult years, yet during hospitalization sexual needs are frequently not considered. Sexual expression during hospitalization is frequently the subject of hospital gossip rather than being recognized as a part of the complexity of the human being. Neither public sexual encounters nor complete asexual behaviors are the norm for adult clients. The professional care provider can learn to communicate with the client so that sexual needs can be discussed and provisions made according to need.

Thorough assessment combined with a review of diagnoses will assist the professional care provider in identifying the particular needs of the client. It is essential in adult care to incorporate education as part of planning so that the client gains confidence in the self care and health promotion that will need to be continued at home.

OBJECTIVE 10

Select the word or phrase that completes statements about role and relationship patterns of adults.

It is during the young and middle adult ages that people fill the greatest diversity of roles. They can leave home to be on their own. They maintain old friendships and make new ones. They fill some or all of the following—an occupation role, a spouse role, a parent role, a grandparent role, as well as a child role to their own parents. Each of these roles presents new and different challenges to the adult.

The primary new role filled by the young adult is that of **marriage** partner. This role has both societal and personal expectations that each partner must be aware of because these expectations influence the marriage. There are many reasons for marriage. An important aspect to building a successful marriage is the agreement and understanding between the partners of the relationship expected in the marriage. Successful marriage represents to society the ultimate sharing of intimacy.

The **parent role** also begins in early adulthood. The amount of commitment necessary depends on the person's view of the responsibilities of a father or mother. American society has become more child centered and expects that someone, usually the mother but more and more often both the mother and the father, will devote a large amount of time and interest to the welfare of the child or children. Adjustment is usually most difficult, and reality shock takes effect about the time the child is 18 months old. It is helpful to have mutual support within the marriage and from family and friends in sharing parenting experiences.

During middle adulthood, the person may complete the **child rearing role.** Despite popular beliefs in the "empty nest syndrome," many middle age adults deal well with the children leaving home. Many adults increase participation in hobbies and recreational activities they were unable to pursue while fulfilling the parent role. Some marriages become stronger with more time to spend together while other marriages, whose partners were "staying together for the children," often dissolve.

With the number of divorces increasing, several alternate roles may develop. The divorced person must deal with the dissolution of a role that was probably felt to be permanent. This may cause a change in self-concept that must be dealt with. The divorce may bring about the role of **single parenting.** This new role causes a change in the relationship between the parent and the child. It also causes a new relationship with the ex-spouse.

The **occupational role** of the adult is quite significant. For many years, adults have been identified by their occupation and the initial question asked when meeting an adult is "What do you do?" Most people who work are better satisfied than those who do not, even when the not working is by choice. Young adults of today are not stressing the occupational role as much as previously, but occupation remains part of the identification of the adult.

Adults usually fill the roles of **community leadership.** Most social change is brought about by people within the middle adult years. Younger adults may be found in this group, but usually they must have earned the right to participate by proving worth within the group.

A role which is increasing in frequency is that of **caring for parents.** The increasing life span of the older adult frequently places young middle adults in the dual role of parenting children as well as providing for the needs of their own parents. This "sandwich generation" becomes the providers for three generations (including themselves).

There is both physical and emotional stress in this situation. The laundry, bathing, feeding, and transporting are physically draining while the guilt and anger that is often felt is emotionally draining. These people frequently are so busy taking care of others that they have no time for themselves. This often causes them to ignore the health warnings of illness. When working with clients or families in the "sandwich" situation, it is critical to stress that taking care of themselves is as important as taking care of others.

The number of roles is limitless in the adult years. This time has been depicted as the "prime" of life. More accurately it may be the "prime" time for opportunities in relationships and activities.

ASSIGNMENT SHEETS 1–2

Development of:
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why the oral communications, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills that are relevant to this task.

  ORAL COMMUNICATIONS SKILLS

  — Apply active listening skills

  — Apply questioning techniques

  — Conduct/receive interviews

  — Communicate with clients/customers/patients

  INTERPERSONAL OR RELATING SKILLS

  — Interact with clients/customers/patients

  — Identify personal values/attitudes

  CREATIVE THINKING/PROBLEM SOLVING SKILLS

  — Collect/record information

  — Transfer knowledge/training to new situation

  EMPLOYABILITY SKILLS

  — Deal effectively with customers/clients

- If students have difficulty applying active listening skills

  — Remind the students that they spend much of their time listening to what other people are saying. Ask them if they have ever tried, unsuccessfully, to remember what someone said. Explain that this happens to almost everyone. Ask them why they think this happens.

- Discuss with them the importance of listening carefully and attentively to conversations, discussions, and interviews. Explain that they should always have a purpose for listening and should always know what they are listening for. Suggest that they take notes or record interviews or discussions that they need or want to remember or use later. This way they will not forget key information.

- If students have difficulty applying questioning techniques:

  - Remind them to plan in advance what they want to ask during the interview by deciding what they need to learn from the interview.

  - Explain that it is always a good idea to have a written list of the questions they want to ask so that no important questions are omitted.

- If students have difficulty conducting interviews:

  - Remind them to either record the interview or take notes instead of relying on their memories.

  - Discuss with them the importance of being prepared when they go to interview someone. Suggest that they always take a written list of questions that they want to ask.

  - Also, remind them to thank the person for taking the time to talk to them.

- If students have difficulty communicating with client's/customers/patients:

  - Remind them that one of the keys to getting along with and successfully communicating with clients, customers, or patients is treating these people with the same respect and attitude you would like to receive. Remind them that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are just that—theirs—and should not be imposed on other people. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if the beliefs seem strange or different.

  - Remind them that one of the best ways to successfully communicate with anyone is to listen thoughtfully and carefully to the other person or person. Don't assume that you know what the other person is going to say because doing this often leads to misunderstandings.

  - Have the students discuss ways they have successfully communicated with clients, customers, or patients. Briefly sum up the ways people have been successful.

- If students have difficulty interacting with clients/customers/patients:

  - See "Communicating with Clients/Customers/Patients" above.

- If students have difficulty collecting/recording information:

  - Suggest that they first decide how and where the information will be collected and recorded. It is also very helpful to identify how the information will be used. Explain that it is always best to come prepared with pencil or pen and a preplanned sheet for recording the specific information to be collected. This preparation allows the people collecting and recording to devote careful attention to their work.

- If students have difficulty transferring knowledge/training to new situations:

  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

  - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

  - A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

  - Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

- If students have difficulty dealing effectively with customers/clients

  - See "Communicating with Clients/Customers/Patients"

ASSIGNMENT SHEET

CARING FOR ADULTS

VI

Name ______________________________ Score ____________

OBJECTIVE 11 **Assess growth and development of adults.**

INTRODUCTION When the professional care provider must complete information on an adult client, it is necessary to include aspects of adult development that are pertinent to giving care.

DIRECTIONS The following questions reflect use of the concepts covered in the unit applied to assessment. These questions may be used to interview a client, or you may practice by interviewing another student. Evaluation may then be based on the information learned. Other questions may be pertinent in some situations, but this is a beginning to being able to assess adult development.

Physical Assessment

Complete a standard head to toe assessment.

Is there any noticeable (or measurable):

- wrinkling of skin?
- curvature (lordosis) of the spine?
- weight gain?
- change in reflexes?
- hearing loss?
- vision changes?
- tooth loss?
- increase in blood pressure?
- reported constipation?
- decrease or cessation of menstruation?

Listening
- Apply active listening skills

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

General Relating
- Interact with clients/ customers/patients

Cognitive Activities
- Collect/record information

Job Acquisition/ Development

- Deal effectively with customers/clients

Psychosocial

Have patient describe:

- who lives with them? (i.e., parents, roommate, spouse, children, etc.)
- the relationship with the person they are "closest" to?
- what is the most important part of his/her life at this time?

Cognitive development

Has the patient reached personal educational goals?

What types of information does the patient remember most easily?

How do changes in the work place affect the patient?

Health promotion

How many hours of sleep does the client average?

Are there any instances of insomnia, early waking or nightmares?

Are any sleeping medications being taken?

What types of activities does the client participate in?

Is the client on an exercise schedule? If so, what is it?

How often does the patient bathe?

When was the last DT?

When was the last test for tuberculosis?

Has the client experienced back pain within the last year?

What types of lifting are required in the daily activities of the client?

Is there a history of cancer in the client's family?

Have any of the warning signs of cancer been noticed?

Does the client perform monthly breast/testicular exams?

Does the client's sex life meet his/her expectations?

Nutrition

Have the client complete an estimation of the previous day's consumption of food. (If unusual circumstances exist, it may be necessary to ask for 2 days ago as well.)

Are the foods the client eats high in cholesterol, salt, or sugar?

What methods of preparing foods are used by the client?

What vitamins does the client take?

Safety

Does the client always wear the seatbelt?

Does the client participate in activities which include use of weapons? If so, can the client state the safety measures which are appropriate for that weapon?

Has the client contemplated suicide recently?

How is anger made known in the client's home?

What drugs/alcohol are used and how much?

Roles and Relationships

Is the client married?

Are there children? Do they live with the client?

What is the client's relationship to the parents and in-laws?

Does the client get along well with co-workers?

Does the client have friends other than co-workers?

Has the client had severe changes in the life in the past 1-3 years?

Is the client divorced?

ASSIGNMENT SHEET 2

CARING FOR ADULTS VI

Name ______________________________ Score ____________

OBJECTIVE 12 **Develop a personal recreation schedule.**

INTRODUCTION

To be able to "practice what you preach" with regard to exercise in the adult, the professional care provider must be able to set realistic goals for personal recreation.

Goals for recreation vary from relaxation to stimulation, escape to involvement, and activity to rest. A good recreation schedule should have some of each. Although the term "schedule" indicates rigidity, the ideal recreation plan should include regular as well as spontaneous activities.

The purpose of this activity is to ensure that you can analyze personal likes (using your own this time) in order to better help the client plan for adult activities which promote health.

DIRECTIONS

The following page is a one week calendar. The recreational schedule you plan should allow for regular exercise, individual and group activities, and stress reduction activities.

General Relating
- Identify personal values/attitudes

Cognitive Activities
- Transfer knowledge/training to new situations

To help you begin, list as many things that you enjoy doing as possible. Then plug-in a few of them, along with reasonable exercise for you. When finished, try to follow the schedule to see if it is realistic for you. If not, ask yourself what changes would be necessary or helpful.

PERSONAL RECREATION SCHEDULE

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Evaluation	**Yes**	**No**
Variety	____	____
Exercise needs met	____	____
Group and individual activities	____	____
Realistic schedule	____	____

ASSIGNMENT ANSWERS

CARING FOR ADULTS VI

ASSIGNMENT SHEET 1	Completed checklist to the satisfaction of the instructor
ASSIGNMENT SHEET 2	Completed schedule to the satisfaction of the instructor

WRITTEN TEST

CARING FOR ADULTS VI

Name ______________________________ Score ____________

OBJECTIVE 1 **Match terms associated with adult growth and development to their definitions**

Part 1

_____ 1. Inability to focus on near objects (far-sighted)

_____ 2. Movement through the gastrointestinal system

_____ 3. Low activity level

_____ 4. Ability to hold recent events for recall

_____ 5. Inability to go to sleep

_____ 6. A period of ten years

_____ 7. The permanent ceasing of menstruation

_____ 8. Production of antibodies by the body

a. autoimmune

b. crystallized intelligence

c. decade

d. gastric motility

e. generativity

f. insomnia

g. menopause

h. presbyopia

i. procreation

j. sedentary

k. short term memory

l. stagnation

Part 2

_____ 1. Reproduction of offspring

_____ 2. Stoppage of growth

_____ 3. Thought process that uses experience in solving problems

_____ 4. Thought process that involves short term memory and abstract thought

_____ 5. Degenerative bone disease resulting in loss of bone tissue

_____ 6. Sharing experiences and knowledge with younger generations

_____ 7. Sharing of oneself, honestly and completely

_____ 8. Separation of self, physically or emotionally from other people

a. autoimmune
b. crystallized intelligence
c. fluid intelligence
d. generativity
e. insomnia
f. intimacy
g. isolation
h. osteoporosis
i. presbyopia
j. procreation
k. short term memory
l. stagnation

OBJECTIVE 2 **Select the word or phrase that completes statements about common characteristics of physical development of the adult.** Write the letters of the correct answers in the blanks.

_____ 1. The decade of life during which most body systems are at their peak is the ______.

a. teens
b. 20's
c. 30's
d. 40's

_____ 2. Height is at its maximum at age ______.

a. 18
b. 25
c. 40
d. 60

_____ 3. The average weight gain between the ages of 20 to 50 is ______.

a. 5 lbs.
b. 10 lbs.
c. 30 lbs.
d. 50 lbs.

_____ 4. The measure that increases the rate at which skin ages is ______.

a. Exercise
b. Drinking water
c. Tanning
d. Massage

_____ 5. The disease process that may be related to the autoimmune response during later middle age is ______.

a. Rheumatoid arthritis
b. Cancer
c. Myasthenia gravis
d. All of the above

_____ 6. The statement that is true concerning the skeletal system of the adult is ______.

a. Males experience bone loss most rapidly.
b. Cartilage gradually becomes less elastic.
c. The thirties are the time for the greatest bone strength.
d. All of the above

_____ 7. The aspect of muscle contractions that decreases with age during adulthood is ______.

a. Power
b. Speed
c. Endurance
d. All of the above

_____ 8. The statement that is not true concerning the nervous system of the adult is _____.

a. The peak of the nervous system is during the twenties.
b. Myelination is complete around age 25.
c. Brain size begins to decrease at about age 30.
d. Reflexes begin to decline at about age 40.

_____ 9. The person that would be expected to experience the greatest hearing loss is _____.

a. A nurse
b A rock musician
c. A teacher
d. A lawyer

_____ 10. The visual change that is expected to occur last is _____.

a. Decreased light accommodation
b. Peripheral vision decline
c. Color vision of pale blue and violets
d. Near vision becomes less acute

_____ 11. The changes of the teeth expected with good dental care are _____.

a. Occasional caries with about ½ the teeth being filled by age 50
b. Periodontal gum disease
c. Loss of 1 tooth per decade after age 40
d. No significant changes are expected

_____ 12. An effect of aging on the cardiovascular system is _____.

a. Loss of heart muscle strength
b. Build up of lipid deposits in vessels
c. Loss of elasticity in heart muscle and vessels
d. All of the above

_____ 13. The statement that is most true about aging of the respiratory system is ______.

a. The reserves of the respiratory system make the changes go unnoticed for many years.
b. The alveoli of the respiratory system work alternately causing less effects of aging.
c. The respiratory system begins to decline at about age 30.
d. The respiratory system is not affected by normal aging, only by environmental hazards.

_____ 14. The symptom that is most commonly experienced with increasing frequency by adults as they age is ______.

a. Constipation
b. Diarrhea
c. Flatulence
d. None of the above

_____ 15. The statement that is correct about the urinary system of the adult is ______.

a. Urinary difficulties in males are frequently caused by enlarged prostate.
b. The muscle tone of the ureters, bladder and urethra is decreased.
c. The urinary system has enough reserve nephrons to compensate for losses during adulthood.
d. All of the above

_____ 16. The age that would be in the ideal age range for a woman to produce a child is ______.

a. 18
b. 30
c. 42
d. All of the above

_____ 17. The statement that is most true concerning adult sexual interests is ______.

a. Interest increases after fear of pregnancy is no longer present.
b. Interest declines steadily with age.
c. Interest can remain relatively constant throughout the life span.
d. Interest peaks during adolescence and declines greatly during adulthood.

_____ 18. The symptom that is NOT expected during a "hot flash" is ______.

a. Fever
b. Warmness
c. Perspiration
d. Redness of skin

_____ 19. Menopause has occurred if no menses has occurred for ______.

a. 6 months
b. 1 year
c. 2 years
d. 5 years

OBJECTIVE 3 **Differentiate between the two major conflicts in the psychosocial development of the adult.** Write the letters of the correct answers in the blanks.

_____ 1. The conflict of the young adult according to Erikson is ______.

a. Identity vs. role confusion
b. Intimacy vs. isolation
c. Integrity vs. despair
d. Generativity vs. stagnation

_____ 2. The conflict of the middle adult according to Erikson is ______.

a. Identity vs. role confusion
b. Intimacy vs. isolation
c. Integrity vs. despair
d. Generativity vs. stagnation

_____ 3. Nathan works at a factory and is a crew leader. Several younger men consider him their mentor. This is a way of expressing ______.

a. Isolation
b. Identity
c. Generativity
d. Stagnation

_____ 4. Rosa lives alone and works as a file clerk. She eats lunch alone and stays at home with her cat every evening. The professional care provider should recognize that this person may be in a state of psychosocial ______.

a. Isolation
b. Identity
c. Generativity
d. Stagnation

OBJECTIVE 4 **Describe characteristics of cognitive development of adults.**

____

____

____

____

____

____

____

____

OBJECTIVE 5 **Select the word or phrase that completes statements about health promotion measures for adults.** Write the letters of the correct answers in the blanks.

_____ 1. The activity that should be discouraged prior to going to sleep if a patient is experiencing insomnia is ______.

a. Strenuous exercise
b. Reading
c. Listening to soft music
d. Watching television

_____ 2. The adult should participate in aerobic activity ______.

a. 1 time a week
b. 2 times a week
c. 4 times a week
d. 7 times a week

_____ 3. The exercise agreeable to most adults is ______.

a. Jogging
b. Walking
c. Golf
d. Softball

_____ 4. The hygiene measure that may need to decrease in frequency as a person ages is ______.

a. Brushing teeth
b. Flossing
c. Bathing
d. Using lotion

_____ 5. Adults should have a TD booster ______.

a. every year
b. every 5 years
c. every 10 years
d. unnecessary for adults

_____ 6. The situation in which a back injury would most likely occur is ______.

a. A nurse lifting a patient
b. A delivery person lifting a box
c. A basketball player practicing a shot
d. A couple moving to a new house

_____ 7. The muscles that are most important to be strengthened to help prevent back injury are the ______.

a. Abdominal and back muscles
b. Arm muscles
c. Upper torso muscles
d. Leg muscles

_____ 8. The best teaching about cancer to adults includes measures for ______.

a. Prevention
b. Early detection
c. Treatment
d. Coping with the finality

_____ 9. The factor that must be assessed when a client reports decreased sexual relationship is ______.

a. Expectations
b. Health
c. Lifestyle
d. All of the above

OBJECTIVE 6

Describe the nutritional needs of the adult. Include the recommended number of servings from the basic four food groups for the average adult, and mention needs that decrease and increase during adulthood.

____

____

____

____

____

OBJECTIVE 7

Select the word or phrase that completes statements about safety concerns of the adult.

_____ 1. The major cause of death in early adulthood is ______.

a. Motor vehicle accidents
b. Suicide
c. Cancer
d. Homicide

_____ 2. The professional care provider's role concerning weapons is to ______.

a. Support gun control laws
b. Provide for weapon use and safety training
c. Avoid discussing weapon use with clients
d. Hide the client's weapons

_____ 3. The statement that is true concerning suicide in adults is ______.

a. The professional care provider is responsible for counseling in cases at risk for suicide.
b. The role of the professional care provider is to assess and provide resources to prevent suicide.
c. Adults are usually fairly stable and the risk of suicide only occurs rarely.
d. Most adults who consider suicide combine the thought with a method.

_____ 4. The greatest risk of violent death occurs ______.

a. At home
b. At work
c. At public gatherings
d. None of the above

_____ 5. The use of drugs and alcohol is directly linked to ______.

a. Family violence
b. Motor vehicle accidents
c. Suicide
d. All of the above

OBJECTIVE 8 **Discuss legal/ethical aspects of adult care.** Use the space provided for your answer.

1. Discuss some of the ethical considerations of a professional care provider when choosing ethical behavior.

____

____

____

____

____

____

2. Upon what is legal action in health care based?

3. Compare negligence and malpractice.

OBJECTIVE 9

Select the word or phrase that completes statements about the effects of hospitalization on the adult.

_____ 1. The primary physical effect of hospitalization on the adult is ______.

a. Immobility
b. Pain
c. Respiratory congestion
d. Withdrawal

_____ 2. The nursing action that prevents the physical effects of hospitalization is ______.

a. Range-of-motion exercises
b. Mouth care
c. Bathing
d. All of the above

_____ 3. The nursing skill that is most necessary to assist with meeting psychological needs is ______.

a. Aseptic technique
b. Administration of medication
c. Physical examination
d. Communication

_____ 4. The group interaction usually most affected by hospitalization is with ______.

a. Friends
b. Family
c. Business associates
d. Health care givers

_____ 5. Usually, the role of care providers in meeting the clients' spiritual needs during hospitalization is ______.

a. Imposing their personal beliefs
b. Assisting the chaplain
c. Learning denominational affiliation
d. All of the above

_____ 6. The statement that is most accurate considering sexual needs during hospitalization is ______.

a. Sexual needs do not exist during illnesses which require hospitalization.
b. Sexual needs should be met during hospitalization in the same way as when not hospitalized.
c. Sexual needs are personal and should not be discussed.
d. Sexual needs should be communicated and discussed with provisions made according to need.

OBJECTIVE 10

Select the word or phrase that completes statements about role and relationship patterns of adults. Write the letters of the correct answers in the blanks.

_____ 1. The adult fills the role of ______.

a. Spouse and parent
b. Employee or employer
c. Child and friend
d. Any of the above

_____ 2. The success of a marriage usually depends on ______.

a. Shared expectations of marriage
b. Children being born immediately
c. The husband being dominant in the marriage
d. The wife being dominant in the marriage

_____ 3. The adjustment to the role of parent is usually most acute when the child is ______.

a. 6 months
b. 18 months
c. 4 years
d. 12 years

_____ 4. After the children leave home, healthy middle adults can expect ______.

a. Increased hobbies and interests
b. Increased recreational activities
c. Stronger marriage ties
d. All of the above

_____ 5. The role changes brought about by divorce can be ______.

a. Single adult
b. Single parent
c. Ex-spouse
d. All of the above

_____ 6. The occupational role of the adult helps provide ______.

a. Identification
b. Intimacy
c. A way to occupy the day
d. All of the above

_____ 7. The role and relationships of the "sandwich generation" are ______.

a. Parent
b. Child
c. Care provider
d. All of the above

NOTE: Objectives 11 and 12 are evaluated on the job/assignment sheets in this unit. If you have not completed this component, see your instructor.

WRITTEN TEST ANSWERS

CARING FOR ADULTS

VI

OBJECTIVE 1

Part 1	Part 2
1. h	1. j
2. d	2. l
3. j	3. b
4. k	4. c
5. f	5. h
6. c	6. d
7. g	7. f
8. a	8. g

OBJECTIVE 2

1. b
2. b
3. c
4. c
5. d
6. b
7. d
8. d
9. b
10. b
11. d
12. d
13. a
14. a
15. d
16. b
17. c
18. a
19. b

OBJECTIVE 3

1. b
2. d
3. c
4. a

OBJECTIVE 4

Answers may vary but should include a gradual decrease in fluid intelligence and an increase in crystallized intelligence. Learning is possible throughout adulthood.

OBJECTIVE 5

1. a
2. c
3. b
4. c
5. c
6. d
7. a
8. b
9. d

OBJECTIVE 6

Answers may vary but should include foods from the four food groups with fewer dairy products needed. Limit intake of fats and especially cholesterol. Increase fiber, calcium, and iron.

OBJECTIVE 7

1. a
2. b
3. b
4. a
5. d

OBJECTIVE 8

Answers will vary according to students but should include:

1. The professional care provider should consider personal, social and professional ethics in decision making. These may focus on such rights as the right to medical care, the right to health care, the right of equity to receive care and basic human rights.
2. Legal action in health care is based on written laws and on standards of practice.
3. Negligence and malpractice are the two most common legal implications of nursing. Negligence is the failure to fulfill a responsibility; malpractice is performing an improper or incorrect action.

OBJECTIVE 9

1. a
2. d
3. d
4. b
5. c
6. d

OBJECTIVE 10

1. d
2. a
3. b
4. d
5. d
6. a
7. d

OBJECTIVE SHEET

CARING FOR OLDER ADULTS

VII

INTRODUCTION

Medical and technological advances are helping people live longer. The percentage of the population that is older is increasing rapidly; therefore, the number of health care clients that are older is also increasing. The older adult is a group on which much emphasis is being placed. The professional care provider must consider the development of the older adult as individually as at any other stage. Accurate assessment and care of developmental needs greatly increases the quality of older adult care.

UNIT OBJECTIVE

After completing this unit, the student will be able to provide care for the older adult using principles of growth and development. the student will show competency by completing assignment sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITE

Before studying this unit, the student will have successfully completed Unit I: Basic Concepts of Growth and Development.

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with growth and development of the older adult to their definitions.
2. Select the word or phrase that completes statements about common physical changes found in the development of older adults.
3. Select the word or phrase that completes statements about common aspects of psychosocial development of older adults.
4. Describe cognitive development of older adults.
5. Select the word or phrase that completes statements about health promotion measures for older adults.
6. Select the word or phrase that completes statements about appropriate nursing measures when administering medications.
7. Select the word or phrase that completes statements about the effects of aging on eating patterns.
8. List reasons older adults are at a high risk for accidents.
9. Select the word or phrase that completes statements about safety for the older adult.
10. Discuss legal/ethical aspects of care for older adults.

11. Select true statements about the effects of hospitalization on older adults.

12. Select the word or phrase that completes statements about the effects of long-term care on older adults.

13. Describe role and relationship patterns of older adults.

14. Select appropriate remotivational activities for older adults in health care settings. (Assignment Sheet 1)

15. Assess growth and development of older adults. (Assignment Sheet 2)

16. Evaluate a home for older adult safety. (Assignment Sheet 3)

17. Prepare a list of resources for older adults. (Assignment Sheet 4)

18. Compile a list of resocialization activities for isolated older adults. (Assignment Sheet 5)

CARING FOR OLDER ADULTS VII

PREPARATION

- Review unit and plan presentation
- Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
- Review teaching suggestions and plan classroom activities.
- Determine how you will schedule time for students to demonstrate competence in the required procedures.
- Order materials to supplement unit.
- Invite guest speakers.

NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation.

- Make a poster.
- Make a bulletin board.
- Devise games and/or crossword puzzles to reinforce terms, groupings, etc.
- **HOSA** Integration:
  - — Assist student in conducting a chapter service project on older adults.
  - — Develop objectives for service project and identify a theme.
  - — Create a poster according to Extemporaneous Health Display rules. Display in highly visible areas.
  - — Plan community or school health project that involves disseminating pamphlets about safety for older adults.

DELIVERY

Objective 1: Match terms associated with growth and development of the older adult to their definitions.

- Present new terms for discussion. Point out that the word **senile** is often associated with the loss of mental faculties often found in old age, but can actually mean any characteristic of old age.
- Have students highlight or underline terms in information sheets.

- Have the students write original sentences using the terms. More than one term may be used in one sentence.

Objective 2: Select the word or phrase that completes statements about common physical changes found in the development of older adults.

- Identify beliefs about the causes for the physical effects of aging. This would be a good topic for a debate.
- Present information through lecture, discussion, and questioning.
- Have students chart the normals presented in this section separating objective and subjective signs.
- Provide clinical experience allowing for assessment of older adults in various settings.

Objective 3: Select the word or phrase that completes statements about common aspects of psychosocial development of older adults.

- Present information through lecture, questioning, and discussion.
- Review Erikson from Unit I in *Life Span*.
- Discuss psychosocial development giving examples which may result in integrity or despair.
- Have the students write a self-analysis of how they will act at age 90.
- Discuss coping mechanisms that assist in the adjustments made at this time.

Objective 4: Describe cognitive development of older adults.

- Present information through lecture, questioning, and discussion.
- Have students make a lesson plan for teaching the same information, such as diabetic diet or medication, to a middle age adult and an older adult. Have them compare the methods used. Then have them explain why they used different methods.
- Provide recent research information on intelligence of the older adult.

Objective 5: Select the word or phrase that completes statements about health promotion measures for older adults.

- Present information through lecture, questioning, and discussion.
- Organize and present an older adult health fair as a HOSA Community Project.
- Assign specific teaching assignments to be done in local senior citizens' centers or nursing homes.
- Assign individual or group projects using HOSA guidelines to provide displays for senior citizens' centers or nursing homes.

Objective 6: Select the word or phrase that completes statements about appropriate nursing measures when administering medications.

- Review basic rights of medications.
- Present information through lecture, questioning, and discussion.
- Provide, or have students make, charts, calendars, or devices that would assist the client in accurate self medication.
- Using an actual patient, have the students develop a care plan that relates the special needs of the older client.
- Invite a pharmacist to speak on the role of the pharmacist in the medication of the older client.
- As part of one care plan, assign students to follow-up on an older client to evaluate the effectiveness of teaching in regard to medications.
- Discuss the reactions to medications which have been seen in older clients that would probably not be seen in other age clients.
- Review Z-tract administration of injections.

Objective 7: Select the word or phrase that completes statements about the effects of aging on eating patterns.

- Present information through lecture, questioning, and discussion.
- Have students work in groups to present a meal plan for a week for an older adult. Specify special needs such as dentures, no teeth, constipation, etc. Follow-up by having the students shop for the groceries necessary to fulfill this meal plan while staying within an assigned budget.
- Review gavage, gastrostomy, and parenteral nutrition administration skills for proficiency with older clients.

- Discuss with the class some of the factors that influence the nutrition of the elderly. Be certain that the discussions include reasons such as problems caused by aging, chronic diseases, income, transportation, living alone, and lifelong food habits.

Objective 8: List reasons older adults are at a high risk for accidents.

Objective 9: Select the word or phrase that completes statements about safety for the older adult.

- Present information through lecture, questioning, and discussion.

- Have students evaluate an older person's home for safety. Ask them to make recommendations and document the cost. Books such as *Nursing and The Aged* by Irene Burnside (see resources) include suggestions for modifying the home environment for safety.

- Plan a HOSA community project for assisting in making homes safe for older citizens.

- Review the correct use of canes, walkers, crutches, and wheelchairs for older clients.

- Invite a guest speaker to present information on medical equipment for an older person that is available for rental or purchase in the community.

Objective 10: Discuss legal/ethical aspects of care for older adults.

- Present information through lecture, discussion, and questioning.

- Invite an attorney to speak about the special aspects of state law regarding older person's rights and/or recent litigation concerning older persons.

- Provide sample cases that present ethical questions to small groups of students for discussion and presentation.

- Invite a panel of older persons to present their concerns and ideas regarding treatment of older persons by professional care providers.

Objective 11: Select true statements about the effects of hospitalization on older adults.

- Present information through lecture, discussion, and questioning.

- Assign the students an older person or persons as clients to allow the students to have experience in using the nursing process for these older clients.

Objective 16: Evaluate a home for older adult safety.

- Discuss the various parts of the assessment tool used on Assignment Sheet 3. Answer any questions the students have.
- Have the students practice by collecting assessment data from each other.
- Have the students complete Assignment Sheet 3 by visiting and assessing the home of an older adult.

Objective 17: Prepare a list of resources for older adults.

- Present information about how to identify community resources for the older adult.
- Have the students generate a list of possible resources. Ask them to identify any difficulties they encountered as they generated the list.
- Have the students complete Assignment Sheet 4.

Objective 18: Compile a list of resocialization activities for isolated older adults.

- Present information about how to compile a list of resocialization activities for isolated older adults.
- Have the students generate a list of possible social outlets. They should begin by generating a list of their own social outlets and indicating whether these outlets would be appropriate for an isolated older adult. Have them expand the list by adding additional outlets that would be appropriate Ask them to identify any difficulties they encountered as they generated the list.
- Have the students complete Assignment Sheet 5.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

- Have students plan a one day schedule for an older client that will decrease confusing stimuli while allowing for needed therapies.

Objective 12: Select the word or phrase that completes statements about the effects of long-term care on older adults.

- Present information through lecture, discussion, and questioning.

- Discuss the students' feelings about placing older persons in long-term care.

- Tour several long-term care facilities and allow the students to evaluate the facility. This may be done in small groups if several facilities are available.

Objective 13: Describe role and relationship patterns of older adults.

- Present information through lecture, discussion, and questioning.

- Have students volunteer to relate experiences of family or friends that indicate the variety of roles the older person may have.

- Assign students to view films, such as. "On Golden Pond" and "Harry & Tonto," that have been made to depict older persons in today's society. Have students evaluate the accuracy of the movies.

- Have students interview an older person for a general response to their present personal and social role.

APPLICATION

Objective 14: Select appropriate remotivational activities for older adults in health care settings.

- Discuss the various parts of the assessment tool used on Assignment Sheet 1. Answer any questions the students have.

- Have the students practice by collecting assessment data from each other.

- Have the students complete Assignment Sheet 1 by interviewing an older person.

Objective 15: Assess growth and development of older adults.

- Discuss the various parts of the assessment tool used on Assignment Sheet 2. Answer any questions the students have.

- Have the students practice by collecting assessment data from each other.

- Have the students complete Assignment Sheet 2 by interviewing an older person.

Skill Test

- Evaluate students on assignment sheet activities if not previously done.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.
- Reteach and retest if necessary.
- Complete appropriate section of competency profiles.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

- Films for the Humanities and Sciences, P.O. Box 2053, Princeton, NJ 08543-2053, 1-800-257-5126.

  Aging   physical effects of aging

  Nursing Home Care

  Elderly Suicide

Print Media

- Burnside, Irene M. Nursing and the Aged: A Self-care Approach, Third Edition. McGraw-Hill, Inc., 1988.
- Caldwell, Esther and Barbara R. Hegner. Geriatrics: A Study of Maturity, Fourth Edition. 1986, Delmar Publishers Inc. 2 Computer Drive West, Box 15-015 Albany, New York 12212-5105.

- Dacey, John and John Traver. Human Development Across the Life-Span. 1991, Wm. C. Brown Publishers 2460 Kerper Blvd. P.O. Box 539, Dubuque, Iowa 52001.
- Freiburg, Karen L. Human Development: A Life-Span Approach, Third Edition. Jones and Bartlett Publishers, Inc. 23720 Spectacular Bid, Monterey, CA 93940. 1987.
- Hill, Patty Maynard, and Patricia Humphrey. Human Growth and Development Throughout Life: A Nursing Perspective. John Wiley & Sons, Inc. 1982.
- Jones, Dorothy A., Mary Kolassa Lepley and Bette Baker. Health Assessment Across the Life Span. McGraw-Hill Book Company. 1984.
- Keane, Claire Brackman. Essentials of Medical-Surgical Nursing, Second Edition. W.B. Saunders Company, West Washington Square, Philadelphia, PA 19105, 1986.
- Santrock, John W. Life-Span Development, Third Edition. Wm. C. Brown Publishers, 2460 Kerper Blvd. P.O. Box 539, Dubuque, Iowa 52001.

UNIT REFERENCES

- Burnside, Irene M. Nursing and the Aged: A Self-care Approach, Third Edition. McGraw-Hill, Inc., 1988.
- Caldwell, Esther and Barbara R. Hegner. Geriatrics: A Study of Maturity, Fourth Edition. 1986, Delmar Publishers Inc. 2 Computer Drive West, Box 15-015 Albany, New York 12212-5105.
- Freiburg, Karen L. Human Development: A Life-Span Approach, Third Edition. Jones and Bartlett Publishers, Inc. 23720 Spectacular Bid, Monterey, CA 93940. 1987.
- Hill, Patty Maynard, and Patricia Humphrey. Human Growth and Development Throughout Life: A Nursing Perspective. John Wiley & Sons, Inc., 1982.
- Jones, Dorothy A., Mary Kolassa Lepley and Bette Baker. Health Assessment Across the Life Span. McGraw-Hill Book Company, 1984.
- Keane, Claire Brackman. Essentials of Medical-Surgical Nursing, Second Edition. W.B. Saunders Company, West Washington Square, Philadelphia, PA 19105, 1986.

INFORMATION SHEET

CARING FOR OLDER ADULTS VII

OBJECTIVE 1

Match terms associated with growth and development of the older adult to their definitions.

arteriosclerosis — condition in which the arteries lose elasticity and become "hardened"

atrophy — decreased muscular nutrition

coherent — in a logical or orderly manner

dental caries — tooth decay associated with bacteria

despair — a sense of futility or loss of hope

edentulous — without teeth

guardianship — the legal recognition of one person's responsibility for another person especially in regard to decisions about care or property

hypertrophied — increase in size through overuse

integrity — a sense of completeness or soundness

legitimacy — valid, legal, not fraudulent

periodontal — the area surrounding the teeth, the gums

reminiscing — telling of past events

senescence — the time of growing old

senile — any characteristic of old age

OBJECTIVE 2

Select the word or phrase that completes statements about common physical changes found in the development of older adults.

The process of aging has become a much studied subject in recent years. There are several theories that attempt to explain the physical changes found in older adults. The causes for senescence, or aging, identified in these theories are:

- Endocrine changes
- Genetic pre-programming of cells
- Dietary imbalances

- Wear and tear
- Failure to follow health measures that can decrease or eliminate some of the aging changes

The **general physical appearance** of the person changes with age. Height decreases are noticeable, especially in women. After age seventy, weight loss may be noticed also.

Skin and its appendages are closely associated with the outward signs that people call aging. The hair loses pigment; the nails become thicker; and the skin becomes thinner, less elastic, and drier. Pigmented areas, called old age spots, appear on the skin. The thinness of the skin decreases its effectiveness as a protector and bruises occur frequently and more easily. Body hair becomes more sparse. The thinner skin tears easily and is less able to sweat or darken as response to heat and light. Wrinkling slows after the middle adult years, but some progression may be noted if excessive drying of the skin occurs.

The **skeletal system** continues to lose bone mass. Women generally experience loss of approximately 30 percent due to a lack of estrogen, while men lose only about 10 percent. The greater loss of bone mass may indicate a greater potential of fractures. It is most common for the hip to fracture.

Atrophy and loss of muscle strength are experienced in the **muscular system.** The tissues become less elastic, and some of the muscle tissue is replaced by fat. Joint motion is decreased. Use of muscle such as maintaining a light exercise program may prevent some of the degeneration experienced during the aging process.

Nerve tissue also experiences change at this time. The brain decreases in size, and the amount of water in the brain also decreases. The receptors for pain, heat, cold, and pressure decrease sensitivity and require greater intensity for stimulation to occur. This often causes clients to injure themselves without realizing it. Balance is not as steady as a result of slowed sensation and response.

Most of the **senses** are affected by aging. Taste and smell become less acute in about 30% of the older population. The structure of the eye changes so that light accommodation and acuity decrease. Hearing may lessen due to both aging and environmental influences. Hearing loss is experienced to a greater degree by men.

The **teeth** of the elderly may influence general health. Tooth loss continues to be caused by periodontal disease and dental caries as well as increasing frequency of fractures of the teeth. Dentures and partial plates are common in the older population so an edentulous diet may be necessary.

Changes in the **cardiovascular system** result in less efficient blood flow. The cardiac muscle becomes weaker, and output is diminished. The heart becomes hypertrophied. Loss of elasticity in the vessels causes a rise in blood pressure. The cardiovascular system is less able to cope with emergencies that require highly efficient mobilization of oxygen within the system. Conditions such as arteriosclerosis may even further complicate the functioning of the cardiovascular system.

The **respiratory system** is also less capable of taking in sufficient oxygen for emergencies. The total breathing volume is about half that of a young adult. The bronchi and bronchioles are less elastic, the alveoli are enlarged, and less oxygen is absorbed. The cilia also become less efficient which results in more frequent respiratory infections. The loss of elasticity of the chest muscles also decreases expansion of the chest for breathing.

The decrease of peristalsis and gastric secretions in the **gastrointestinal system** result in less efficient digestion. The loss of taste, poor dentition, and decrease in saliva result in a decrease in the readiness of food for digestion. The muscle tone of the digestive tract and the abdomen decrease which results in slowed peristaltic action. Hunger may not be noticed due to decreased gastric acid secretion. Absorption by the bowel is also decreased which may result in poor nutrition even with a normal intake. Constipation and impactions may be a result of slowed peristalsis.

The **endocrine system** continues to produce hormones, but generally in lower amounts. Insulin production is decreased. The adrenals remain capable of responding to stress even though aldosterone levels decrease. The ability of thyroxine to cause radioactive uptake of iodine is diminished although amounts of thyroxine do not differ significantly. Thymosin does not produce the immune response found in the younger person, and increasingly an autoimmune response occurs in which normal body cells begin to be rejected as foreign.

The hormones of the **reproductive system** are diminished. The female reduction in estrogen occurs during the forties and after sixty becomes stable. One result of this is senile atrophic vaginitis. The female is incapable of reproduction at this time; however, sexual activity can continue throughout the life span. The male may be capable of reproduction into later years. Testosterone decreases causing slower stimulation and ejaculation, but the male is able to participate in intercourse for greater lengths of time due to these changes. Sexual activity can be satisfying for both sexes for many years.

OBJECTIVE 3

Select the word or phrase that completes statements about common aspects of psychosocial development of older adults.

Erikson described the conflict during the older adult period as **integrity versus despair.** Older adults tend to look at the past and the present and evaluate what they see. Integrity is felt when the older adult accepts his or her accomplishments and feels a sense of self worth. Despair occurs when the older adult feels no self worth. This person has no sense of accomplishment about what has happened in his or her life so far and sees no way to accomplish anything of worth in the future.

Because socialization can influence the outcome of the self evaluation, contact with a variety of different age groups should be encouraged. Reminiscing about the past, especially with other people, plays a vital part in the positive resolution of this conflict. It is helpful, therefore, to assist the client in binding the past to the present as part of the complete evaluation of life. This helps clients realize their value to others because of both their pasts and their presents.

One of the most important points to be made about older adults is that they probably will be more set in their ways and less adaptable to change. It is unrealistic to expect that older adults will make drastic changes in their life styles and behavior. People who have enjoyed social activities and new experiences will probably continue to do so, while people who have preferred individual activities and few social contacts will continue to favor this life style. It is critical when assessing life style to remember that a person's life style must not be judged by what we, the evaluator, feel is better, happier, healthier, or more enjoyable. Allowing each person the right to choose helps that individual maintain a sense of integrity; removing that right of choice threatens the sense of integrity. Older adults must retain their right to make an informed choice; they must not be forced to accept a choice they don't want.

Older adults must make many psychosocial adjustments. The biggest of these adjustments are usually retirement and the loss of spouse and/or close friends and peers. The strength of the personality is often severely tested at this time because the methods used to deal with change may not be effective in coping with these major changes. The professional care provider must carefully assess the psychological and social adjustments made by the client and determine if additional support is needed. If there are frequent changes occurring, the professional care provider may need to identify ways to provide routine and stability to the client.

OBJECTIVE 4

Describe cognitive development of older adults.

The cognitive ability of the older adult has been, and continues to be, studied frequently, but there has been little or no agreement on what has been learned. By the time people have reached this stage in the life span, there are so many different influences and factors involved that it is difficult to tell what effects are caused by aging alone.

Some of the physical changes that have already been mentioned make a difference in the ability of the older adult to process information. **Decreases in vision and hearing** may cause the impairment of incoming messages that interferes with the potential for accurate processing. During interactions with clients who experience these difficulties, the professional care provider should remain within the person's line of vision and speak in a manner that promotes hearing. Usually this means speaking slowly and in low tones while avoiding exaggerated speech. The tone used is as important as the information. Touch may aid in focusing the attention of the older person and may also help meet socialization needs. It is most helpful to keep aids to vision or hearing readily available. It is also a good idea to use these aids during communication.

Some memory deficits are often found in the older adult. There is some indication that both short- and long-term memory are decreased during the aging process. Most older adults are able to recall some past events easily and may find comfort in relating these to others. They may not remember what they had for breakfast, but their sixteenth birthday is clear.

The important question asked about **intellectual functioning** at this stage is whether the person can adapt to the needs of his or her own life. If the answer is yes, the person will be able to perform the day-to-day life skills. Factors such as amount of formal education, depression, physical impairments, and life experiences may influence this ability. Assessment of the client's ability to adapt is necessary for effective planning of care.

OBJECTIVE 5

Select the word or phrase that completes statements about health promotion measures for older adults

Health promotion in the older adult is a combination of practicing basic life-long health measures and preventing diseases related to aging. The attitude toward the health measures varies from complete acceptance so that life will be prolonged to rejection with the argument that they have lived this long without using them. It is again important to allow the older adult to make informed choices. The values of the health delivery team should not be forced on the individual.

During the older adult period the **need for rest** remains important. The sleep patterns of the older adult vary. There is less likelihood that the person will sleep for a single long period at night. They may instead require a shorter interval at night and naps during the day. Part of this may be simply being able to choose the preferred sleep time which may not have been possible during employment.

Exercise and activity remain important for many aspects of the older person's health. Bone, muscle, and cardiovascular strength remain greater for those who continue regular exercise. The older person who wants to begin an exercise program should be encouraged to seek the advice of a physician prior to making a drastic change in activity level. High impact exercise is generally discouraged for this age group. Walking is the exercise that is most frequently recommended. Walking is encouraged for both the physical and psychological benefits experienced. It is also acceptable to most clients.

Basic hygiene in the older person is also changed. The changes in the skin make daily bathing unnecessary and even potentially harmful for many elderly clients. Partial bathing of the areas that may harbor microorganisms may be sufficient between baths. Lotions and oil can prevent further drying of the skin. Mouth care remains important with soft bristled tooth brushes and gentle flossing if the person has natural teeth or adequate cleansing of dentures.

The older person has **greater potential for respiratory disease.** It is for this reason that annual flu vaccines are recommended for this age group. Older adults should avoid exposing themselves unnecessarily to situations where colds or other respiratory diseases might be spread. Pneumonia has a high rate of mortality among the older population. It is essential to take measures to prevent this disease.

Immunization for tetanus needs to be kept current. With decreased sensitivity to pain, the older person is at risk of infection without being able to identify the source of an injury. Both pneumococeal and flu vaccines are recommended.

The elderly person also promotes health by having **routine annual visits with the physician** during periods of health. This allows for detection of chronic disease or further evaluation of existing problems. Visits only during acute illnesses decrease the effectiveness of health teaching and are usually focused on the problem rather than on the total health of the individual.

One of the most effective ways the professional care provider provides help to the client is by **providing them with useful information.** The number of resources available to the older adult is constantly increasing. Lists of appropriate resources may be directly provided to some clients; however, extensive lists may be confusing to other clients. If there is danger of confusion, the professional care provider should carefully assess the individual needs of the client and identify the resources that would be most beneficial. After discussing these resources with the client, the professional care provider, or the client with the care provider giving any needed assistance, should contact the resource and make the needed arrangements. Helping clients take advantage of needed resources may enable them to maintain their good health.

OBJECTIVE 6

Select the word or phrase that completes statements about appropriate nursing measures when administering medications.

Many older adults take medications for chronic and acute disease. The professional care provider must be aware that administering, or teaching the client to administer, these medications requires a knowledge of the special needs of these clients.

The role of the professional care provider in **home administration** is both teaching and assisting. The goal is to make the administration of medications as accurate as possible. One point to stress with the client is the importance of establishing a relationship with a pharmacist and a pharmacy so that all medications are from one source. If medications are obtained from several sources, the results can be harmful to the clients. Using the same pharmacist/pharmacy decreases the chance for unknown drug interactions and for using too many medications. It also provides an additional resource for drug information or for detection of a problem with a medication.

Hospitalized clients should be assessed to **determine ability to self-administer medication accurately at home.** After assessment, it may be necessary to identify methods for helping the client successfully administer his or her medications. Some devices that are available are large print prescriptions, calibration magnifiers for syringes, and pill boxes that provide medication for a day or for a week. Schedules of medication written on large-print calendars may also help clients remember to take the proper medications. Learning such simple information as where the client has a clock and analyzing the client's daily routine will help identify which training methods or materials are appropriate for the client. Setting an alarm clock for the time to take the medicine can be especially helpful to clients with visual problems. It is important to closely observe the client because with the high cost of medicines, some older adults do not fill needed prescriptions. In these cases, it may be necessary to investigate sources of aid that exist for securing prescriptions. Home visits to administer the medication, or to check on its proper administration, may be necessary. Whatever is done, it should be appropriate for the individual client.

The professional care provider should be aware that the **physiologic processing of drugs changes with age.** Most of the information available about drug reactions in the older client reflects clients at about 65 years of age. Little is written about the effects of medications in clients over 80. Changes in the processing of drugs by all systems are found. Absorption in the gastrointestinal system is less reliable. Decreased circulation may make delivery rates variable by tissue type and location. Increase of drug storage in fat cells may cause an accumulation of drugs and an unpredictable release into the system. The liver may also interfere with processing of the medication. Excretion by kidneys with low function causes further problems. Tolerance and addiction are concerns. With all these changes and possibilities, the nurse should be alert to the reactions of clients to a single medication or, as is frequently the case, to the reactions to the interaction of several medications.

Methods of administration to the older person need to accommodate specific changes. Needles for injection should be very sharp to penetrate the older skin, but may not need to be as long if the person is very thin. Observation for local effects needs to be routine. Inability of the skin to close may necessitate Z-tract administration. Oral medication is best given at meal times for both association with time and decrease of irritation. Enteric coated capsules may not break down so observation of stools for complete capsules may be necessary.

Administration of medications to the older person in an acute or long-term care facility should **follow good nursing practice.** Each client should be assessed for such factors as the amount of time needed, assistance required, preferred route of administration, and understanding of the medication. Measures which are effective should be documented and made a part of the care plan so that all care providers can provide optimal medication of the client.

OBJECTIVE 7

Select the word or phrase that completes statements about the effects of aging on eating patterns.

Intake of foods from the four basic food groups remains necessary for the older adult. There is a decrease in the need for total calorie intake due to lowered metabolism and decreased activity. Several changes of aging effect eating patterns. The **loss of teeth** and **digestive changes** make the consistency of food important. Softer foods are easier for the older person to chew and to digest. The **decline of taste** causes the older adult to require more flavoring in food. Sweet foods such as desserts are preferred because they can be tasted. This can make the person choose a diet that does not include all recommended food groups. It is helpful to experiment with adding spices to other food groups so that lack of taste does not prevent the person from eating from a necessary group.

The **context of eating** for the older person may also influence intake. Many older adults live alone. Food preparation for one provides challenges in planning for adequate nutrition. Foods in individual servings are more expensive to buy, but the storage of large quantities of leftovers may be a problem. The **lack of social contact during meals**, especially to clients used to having company, may make eating an unpleasant experience. One of the possibilities for at least minimal assistance in this area is "Meals on Wheels." This program provides at least one hot meal a day for those who have difficulty meeting nutritional needs.

In acute and long-term care facilities, health care providers may experience nutritional challenges in the elderly, including **gavage feeding, gastrostomy, parenteral nutrition,** and **refusal to eat.** One of the general rules in feeding the older person is to allow plenty of time when assisting. This person needs more time to chew. This extra time can also be used for more thorough observation and assessment of nutrition and other factors. Likes and dislikes should be documented. Working to bring clients together for socialization at meals can be encouraged although some clients may prefer to eat alone. Whatever the setting, the professional care provider must listen to the client to determine self-care abilities in the area of nutrition.

OBJECTIVE 8 **List reasons older adults are at a high risk for accidents.**

The older adult population has a high incidence of accidents, especially when compared to other adult age groups. **Bone fragility** and **muscle weakening** put the older person at risk of more severe injuries from falls. **Poor vision** and **hearing** cause hazards to go undetected until it is too late to prevent injury. Response time to potential injuries such as falls is also decreased. All of these reasons make it essential to prevent accidents before they happen to the older adult.

OBJECTIVE 9 **Select the word or phrase that completes statements about safety for the older adult.**

At home, the older person has many risks. The greatest threats to safety are in the bathroom. Falls on slick floors or in the tub, burns from hot water, electrical hazards, and instability when lowering or raising from the toilet are all potential dangers which can be managed.

Precautions such as turning down hot water heaters, installing smoke detectors, using non-skid wax or floor coverings, having hand-rails, and providing sufficient lighting help in many areas of the home. Stoves, especially gas stoves and open heaters, can be left on and injury from heat or escaping gas can cause an injury. Furniture height should be low enough for feet to touch the ground but high enough so that rising is less difficult. Arms on chairs also aid in rising. Furniture needs to be checked regularly for stability so that wobbling or breaking of the chair does not endanger the older person. Each older person's home should be checked for hazards so that adaptations can be made to prevent injuries.

The care provider must be certain that **aids to mobility,** such as walkers, canes, and crutches, are used correctly. If these aids are not used properly, they can increase the hazard of falls to the older adult. **Walkers** should be of a light but durable material to allow for complete lifting off the floor. **Canes** may need a multi-leg base, and adaptors for ice and snow should be made available. **Crutches** are rarely used for this age group, but, if used, care should be taken to determine that the client's strength is sufficient for their use.

Close interaction with the rehabilitative therapy team can make for more appropriate planning for the client. Family may also be incorporated in learning to properly use these and other devices such as raised toilet seats, shower chairs, and reachers (devices which grasp items from shelves).

In hospital care requires strict adherence to safe nursing practice. **Beds** should be in the lowest position with side rails raised. **Call lights** should be easily accessible to the client. **Restraining safety devices** should be used only as a means of protecting the client from injury and should be checked routinely to prevent circulatory interference. **Smoking** by the older adult client is especially dangerous and should be restricted to direct supervision only. **Night lights, support rails,** and **non-slip floors** also assist stability of the older client. Slippers can decrease stability so it may be better to have a **pair of supportive shoes** rather than slippers available for ambulation of older clients. Careful assessment of mobility throughout the clients stay can help the staff provide sufficient assistance during transfers so that risks to client and staff are minimized.

OBJECTIVE 10

Discuss legal/ethical aspects of care for older adults.

Professional care providers who work with the older client must always keep in mind that legally and ethically this person is an adult with all the rights of any adult. Unfortunately, both as clients and as persons within the community, the older population frequently is treated without regard to basic rights.

According to the law, the older adult has the **same rights as any other adult** until those rights are legally taken away by the court. When this happens, the older person may retain some rights while others, such as the right to choose housing, may be taken away. All medical staff should be made aware of the legal status of the elderly person.

Older persons are the **target of many criminal acts.** These acts often cause the older people to become fearful within their own home. They may also feel forced to stay at home for fear of crimes such as assault, battery, and robbery. The elderly are frequently defrauded by schemes which are cleverly constructed to give the appearance of legitimacy. Knowledge of resources as well as neighborhood and family surveillance can assist the older person. It can be noted that many older people gain meaning in their lives by participating in neighborhood watch programs. Many older adults are home when younger adults are working. Therefore, the older neighbors can help the younger ones by watching the neighborhood and its empty homes for strangers.

Within the health care facility, **the two most common ethical breaches are neglect and treating the client as a child.** All health care staff should monitor the physical and mental safety of the individual. When this is done, neglect does not occur. Ensuring good care and, at the same time, allowing the person to make personal decisions present many ethical challenges. Taking away the rights of an individual to choose roommates, to take a bath alone, to feed himself or herself, and to choose which clothes to wear make this balance between safety and ethical rights a difficult issue.

Communication should be adapted for the older adult as individual needs indicate. A special concern is that consent forms should be carefully and fully explained. Understanding of verbal instructions should always be carefully checked. Interactions with clients should include their active participation in the planning of their care if at all possible.

OBJECTIVE 11

Select true statements about the effects of hospitalization on older adults.

The older adult faces special challenges during hospitalization. Many older adults are fearful of hospitalization for the same reasons as younger people, such as loss of self-control, separation, and adjustment to new routines, but the older person also has a greater threat of death and complete loss of independence.

Older patients generally make up approximately **50% of the patients in acute-care settings.** Yet, until recently most information for patient care has been based on the young to middle-age adult. Professional care providers need to assess the older adult using the knowledge of the special physical and psychosocial needs of this age group.

Some of the more common responses of the elderly person to the acute-care settings are **confusion, anger, depression,** and **withdrawal.** The assessment of confusion is many times a quick judgment based on expectations that do not reflect an understanding of the aging adult. More lighting, more time for activity, careful scheduling of therapies to prevent them from occurring at the same time, and more time for client teaching are just a few of the adjustments which can decrease confusion in the older patient. Reactions to pain, which may not be easily communicated may account for confusion in some cases. Anger at the adaptations necessary during hospitalization may be expressed to family or personnel. Assessment for signs of depression such as crying, preoccupation with constipation, and withdrawal must be performed regularly. Each client must be continually and carefully assessed so that care is appropriate.

With changes in health care the older person in the acute care setting is more ill and frequently requires intermediate-care before discharge to a home setting. DRGs indicate a predetermined amount of time for which a facility can be reimbursed for a specific diagnosis. For the older person, recovery is slower and an extended care setting may be required.

OBJECTIVE 12 **Select the word or phrase that completes statements about the effects of long-term care on older adults.**

The **psychological effects** of long-term care on the older adult are many and varied. The reasons for admission, the knowledge and choice of the client and family, and the expected length of stay are only a few of the factors that contribute to the magnitude of potential psychological reactions. Many of the fears which were found in the hospitalized client are increased in the long-term care setting. Those clients who have the ability and are allowed to make the decisions for themselves tend to have a better adjustment to the long-term care setting.

Physical effects of long-term care are also important to note. Problems associated with immobility, such as respiratory infections, urinary tract infections, incontinence, decubiti, and loss of muscle tone are common. Risks related to the aging process remain a factor that makes falls a big safety concern. These effects of long-term care can be prevented only if good care is given.

OBJECTIVE 13 **Describe role and relationship patterns of older adults.**

The role and relationship pattern of the older adult **focuses on change.** Although many of these changes are termination of roles such as worker or spouse, the challenge of this time may be to reach beyond these roles and realize that the role of one's self is more than just a sum of the parts. A total life experience that has dealt with role changes prepares the older adult to continue to deal with these changes in a similar manner, whether positive or negative.

The **personal role** change which seems to be the greatest challenge to change is that of spouse. The loss of a long-term spouse is one of life's greatest stressors. This loss may result in increased support needs at all levels. It often causes a loss of self-esteem, love, security, as well as the loss of the ability to provide for physical needs. Although most older adults do finally adjust, this role change requires a great deal of time and energy from the older person.

The **social role** change that affects the elderly the most is that of retirement. The range of acceptance of retirement ranges from euphoria to complete withdrawal. American society values social contributors, and generally this is judged by work. The older person must find ways to feel a part of society. For some this is volunteer activities and for others it is enjoyment of society's resources.

Whatever changes the older adult faces, the method of dealing with these changes starts much earlier. The life span is a total of a human being and considering any one part as isolated from another would be like considering that a barren tree in winter is the only kind of tree.

ACTIVITY SHEETS 1–2

Development of:
WRITING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why the writing, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills that are relevant to this task.

  WRITING SKILLS

  — Complete forms and records

  CREATIVE THINKING/PROBLEM SOLVING SKILLS

  — Collect/record information

  — Transfer knowledge/training to new situation

  EMPLOYABILITY SKILLS

  — Master specific job task/procedure

- If students have difficulty completing forms and records:

  — Remind them first to decide what information is being asked for. This saves time by identifying the information they need to know—they won't waste time on unwanted or needed information.

  — Tell them to plan their responses carefully before putting them in final form. If the responses call for sentence or paragraph information, it is always a good idea to write the response in rough draft form, edit it, proofread it, and then rewrite it in its final form.

- If students have difficulty collecting/recording information:

  — Suggest that they first decide how and where the information will be collected and recorded. It is also very helpful to identify how the information will be used. Explain that it is always best to come prepared with pencil or pen and a preplanned sheet for recording the specific information to be collected. This preparation allows the people collecting and recording to devote careful attention to their work.

- If students have difficulty transferring knowledge/training to new situations:

  — Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

  — Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

  — A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

  — Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

- If students have difficulty mastering specific job task/procedure

  — Discuss the importance of mastering specific job tasks or procedures. Explain that it is probably impossible to find a job where there isn't a task or procedure to be mastered. Remind them that future employers will be more likely to hire people who can already perform the tasks required.

  — Ask the students to share methods they have used to master specific job tasks or procedures. Discuss these methods with the class.

WHAT WOULD YOU DO?

Mr. Patillo is a resident in a long-term care facility. He has difficulty swallowing his oral medications. He likes to sit up on the side of the bed and take a sip of water with each pill. He requires several medications, and it takes about 10 minutes to give them all. Write what should be included in the care plan about Mr. Patillo's medications.

____

____

____

____

____

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____

____

Cognitive Activities
- Transfer knowledge/ training to new situations

Job Acquisition/ Development
- Master specific job task/ procedure

ACTIVITY SHEET 2

CARING FOR OLDER ADULTS VII

SURVEY A CATALOG OF HOME HEALTH EQUIPMENT

INTRODUCTION

This is a brief exercise to give the student an awareness of the range of home health equipment available as well as informing them of the cost of this equipment.

DIRECTIONS

Obtain catalogs of home health equipment available locally. Complete the following section using information from the catalog.

Functional Writing
- Complete forms and records

Cognitive Activities
- Collect/record information
- Transfer knowledge/training to new situations

Item	Source	Price
Wheelchair	_____	_____
Walker	_____	_____
Cane	_____	_____
Hospital bed	_____	_____
Bedside commode	_____	_____
Bathtub safety rail	_____	_____
Magnifier for syringes	_____	_____
Home blood glucose tester	_____	_____

Refer back to the wheelchair. There are usually several wheelchairs available. Describe the wheelchair you chose and tell why you chose this particular chair.

CARING FOR OLDER ADULTS

ASSIGNMENT SHEETS 1–5

Development of:
READING SKILLS
WRITING SKILLS
ORAL COMMUNICATIONS SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why the reading, writing, oral communications, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills that are relevant to this task.

READING SKILLS

— Select useful resources

WRITING SKILLS

— Use standard grammar and correct spelling, punctuation, and capitalization

— State ideas clearly

— Use complete sentences

— Proofread and edit

ORAL COMMUNICATIONS SKILLS

— Apply active listening skills

— Apply questioning techniques

— Conduct/receive interviews

— Communicate with clients/customers/patients

INTERPERSONAL OR RELATING SKILLS

— Interact with clients/customers/patients

CREATIVE THINKING/PROBLEM SOLVING SKILLS

— Collect/record information

— Transfer knowledge/training to new situation

EMPLOYABILITY SKILLS

— Deal effectively with customers/clients

- If students have difficulty selecting resources:

  — Review with them the different types of resources available to them. Have volunteers tell what kind of information can be found in each resource type. Have them discuss what type of projects each resource is helpful with.

  — Help them learn how to locate each resource in libraries, resource centers, or media centers.

- If students have difficulty using standard grammar and correct spelling, punctuation, and capitalization:

  — Discuss with the students why it is important to use standard grammar and correct spelling, punctuation, and capitalization. The discussion should include that it is difficult to read and understand incorrectly written materials and that correctly written items will be taken more seriously by readers.

  — As you read items written by the students, make a list of the most common grammar, punctuation, and capitalization errors. Review these with the class or with the individuals.

  — Help the students develop a checklist to use as they write, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.

  — Have the students work with partners or in groups and review each others' writing. Allow time for the students to discuss the comments with their partners or groups.

  — Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.

- If students have difficulty stating ideas clearly:
    - Remind the students to decide in advance what ideas they want to convey and who their audience is. Knowing about the intended audience is important because it helps determine how to present the ideas most clearly.
    - Explain that as they do their research, they should begin to decide how to best present their ideas to their audience. Some possible methods include written reports, charts, graphs, diagrams, etc. Remind them that the intended audience should influence how the material is presented (very simple with lots of pictures for children, a great deal of background information for people who know a little or nothing about the subject, and little background with more complex information for experts).
    - Have the students work with a partner or in a small group. Provide time for the students to share their ideas with each other and make suggestions as to ways to make the ideas more clear.
    - Remind the students that careful preplanning and the use of correct grammar, spelling, punctuation, and capitalization are especially important if their ideas are to be clearly understood by the intended audience.
- If students have difficulty using complete sentences
    - Remind the students that complete sentences should be used in all paragraph-type writing assignments. Discuss what makes a group of words a sentence. Have the students practice recognizing complete sentences using either exercises from any grammar/language arts text or self-prepared sentence activities.
    - Have students volunteer to compose complete sentences using words or topics you suggest. Write the sentences on the board. Have the other students analyze the sentences to determine if they are complete. If they aren't, have a student volunteer to rewrite them in complete sentence form.
    - Stress the importance of using complete sentences in all "sentence or paragraph" style writing.

- If students have difficulty proofreading and editing:
  - Remind the students that successful writing involves a step-by-step process of planning, composing, revising/editing, and proofreading. Explain that during the editing and proofreading stages, they revise their first draft so that it says exactly what they want it to say. It is revised for clarity, organization, grammar, spelling, and mechanics. Suggest that, as they read what they have written, they ask themselves if the reader will know what they're trying to say..
  - Have the students work with partners or in groups and review each others' writing. Allow time for the students to discuss the comments with their partners or groups. Have them help each other decide how to revise their writing.
  - Help the students develop a checklist to use as they revise, edit, and proofread. Each student can personalize his or her own checklist by adding the items that present the most problems to him or her. If spelling is a problem, suggest keeping a personal dictionary of frequently used or misspelled words. Remind them to add any words they misspell to their dictionaries.
  - Suggest that as the students write or proofread their own writing, they circle or mark places where they are unsure of the correct grammar, punctuation, capitalization, or spelling. Provide materials (English grammar/mechanics books or style guides) or class time for the students to use to review, revise, or correct their writing.
- If students have difficulty applying active listening skills
  - Remind the students that they spend much of their time listening to what other people are saying. Ask them if they have ever tried, unsuccessfully, to remember what someone said. Explain that this happens to almost everyone. Ask them why they think this happens.
  - Discuss with them the importance of listening carefully and attentively to conversations, discussions, and interviews. Explain that they should always have a purpose for listening and should always know what they are listening for. Suggest that they take notes or record interviews or discussions that they need or want to remember or use later. This way they will not forget key information.
- If students have difficulty applying questioning techniques:
  - Remind them to plan in advance what they want to ask during the interview by deciding what they need to learn from the interview.

  - Explain that it is always a good idea to have a written list of the questions they want to ask so that no important questions are omitted.

- If students have difficulty conducting interviews:
  - Remind them to either record the interview or take notes instead of relying on their memories.
  - Discuss with them the importance of being prepared when they go to interview someone. Suggest that they always take a written list of questions that they want to ask.
  - Also, remind them to thank the person for taking the time to talk to them.

- If students have difficulty communicating with client's/customers/patients:
  - Remind them that one of the keys to getting along with and successfully communicating with clients, customers, or patients is treating these people with the same respect and attitude you would like to receive. Remind them that no one enjoys being talked down to or being treated unkindly or rudely. Also stress that it is very important to remember that a person's beliefs and ideas are just that—theirs—and should not be imposed on other people. Clients, customers, or patients should never be expected to change their beliefs; they should expect to have their beliefs respected, even if the beliefs seem strange or different.
  - Remind them that one of the best ways to successfully communicate with anyone is to listen thoughtfully and carefully to the other person or person. Don't assume that you know what the other person is going to say because doing this often leads to misunderstandings.
  - Have the students discuss ways they have successfully communicated with clients, customers, or patients. Briefly sum up the ways people have been successful.

- If students have difficulty interacting with clients/customers/patients:
  - See "Communicating with Clients/Customers/Patients" above.

- If students have difficulty collecting/recording information:

  - Suggest that they first decide how and where the information will be collected and recorded. It is also very helpful to identify how the information will be used. Explain that it is always best to come prepared with pencil or pen and a preplanned sheet for recording the specific information to be collected. This preparation allows the people collecting and recording to devote careful attention to their work.

- If students have difficulty transferring knowledge/training to new situations:

  - Remind the students that everything they do makes use of information that they already know. Tell them that this process of using known information often happens subconsciously. When you identify an animal as a dog, you use already known information—you know what dogs look and act like so you can recognize a dog.

  - Tell the students that when they encounter a situation or a question they aren't familiar with, they should examine it carefully to identify what they already know that will help them solve the problem or answer the question. For practice, use examples such as the following:

  - A baby you are caring for starts crying. You don't know why, but you do want to make her stop. How do you know what to try? Begin by thinking carefully about what you know about why babies cry. (hungry, diaper needs changing, wants attention, sick) Identifying what you already know gives you ideas to try that might make the baby stop crying.

  - Remind the students that when trying to solve a problem or answer a question, they should always identify what they know by thinking about similar situations, problems, or questions they have faced. This will help them with find the answer.

- If students have difficulty dealing effectively with customers/clients

  - See "Communicating with Clients/Customers/Patients"

ASSIGNMENT SHEET 1

CARING FOR OLDER ADULTS

VII

Name ______________________________ Score ____________

OBJECTIVE 14

Select appropriate remotivational activities for older adults in health care settings.

INTRODUCTION

Older adults who are in health care settings need recreational and learning activities that are appropriate for them. Activities that use mental, physical, and social skills should be used in combination. One of the best ways to find activities that will be appropriate is to determine the interests of the individual clients.

The first part of this assignment is an ability and interest inventory. The inventory is not as complete as one that would really be used, but it should give a beginning concept of the abilities and interests of the client. The second part is a list of activity options that may be used.

DIRECTIONS

Complete the inventory using an actual or imaginary older client. Using the option list as a starting point, and based on the information learned in the inventory, choose appropriate activities for the client. Finally, evaluate the activities chosen for appropriateness.

Language
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Composition
- Use complete sentences
- Proofread and edit

Listening
- Apply active listening skills

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

Describe each of the following aspects of the client.

Physical Abilities

Speech ____

Visual ability ______________________________________

Hearing ____

Nodding ____

Hand movement _____________________________________

Arm movement ______________________________________

Balance ____

Ambulation ____

Foot movement ______________________________________

Special physical needs _______________________________

____

General Relating
- Interact with clients/customers/patients

Cognitive Activities
- Collect/record information

Job Acquisition/Development
- Deal effectively with customers/clients

Mental abilities

Level of consciousness ____________________

Attention span ____________________

Short term memory ____________________

Long term memory ____________________

Educational level ____________________

Motivation for learning/activity ____________________

____

Other information ____________________

____

Social

One-on-one interaction ____________________

Working with others ____________________

Participation in group ____________________

Other information ____________________

____

Personal Interests

List past enjoyable activities ____________________

____

____

____

Desired new activities ____________________

____

____

Past activities which were disliked ______________________________

____

____

Activity options

Circle those which you feel are appropriate for the client who was assessed.

- Tossing a ball
- Reading
- Listening to music
- Playing solitaire
- Building models
- Watching television
- Playing cards with partners
- Participating in presentations
- Computer games
- Facility planning meetings
- Word games
- Playing musical instrument
- Keeping a pet (if allowed)
- Sports observation
- Writing letters
- Self improvement classes
- Crossword puzzles
- Dancing
- Walking
- Knitting
- Painting
- Board games
- Sewing
- Assisting other clients
- Field trips
- Outdoor activities
- Storytelling
- Low impact aerobics
- Coffee group
- Political discussion group
- Needlepoint
- Bingo

Additional activities ______________________________________

____

____

____

Evaluation

How will the chosen activities meet client needs for:

social activity? ____

____

mental stimulation? ____

____

Are several levels of physical activities included? Yes or No

Which activity will need closest supervision? Why? ______________

____

____

____

____

Comments: ____

____

____

____

____

____

ASSIGNMENT SHEET 2

CARING FOR OLDER ADULTS

VII

Name ______________________ Score __________

OBJECTIVE 15 **Assess growth and development of older adults.**

INTRODUCTION In some settings the professional care provider may be called upon to assess the older adult client to establish baseline data for the care process. The assessment should supply information that will improve the care given. In this exercise the questions will reflect the growth and development of the older person and are not intended to be a complete database.

DIRECTIONS Choose a client or volunteer older person to interview. Ask as many questions as possible, but use discretion according to the situation.

Listening

- Apply active listening skills

Interactive Communication

- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

General Relating

- Interact with clients/customers/patients

Cognitive Activities

- Collect/record information

Physical Assessment

Complete a standard head to toe assessment.

Describe any noticeable or measurable:

wrinkling of skin ______________________

curvature of the spine ______________________

weight change ______________________

change in reflexes ______________________

hearing loss ______________________

vision changes ______________________

tooth loss ______________________

change in blood pressure ______________________

reported constipation ______________________

Job Acquisition/ Development
- Deal effectively with customers/clients

Psychosocial

Have patient describe:

the members of their household. ______________________

____

____

the relationship which is most important at this time. ________

____

____

the activity which is most important at this time. ___________

____

____

who they talk to the most. ___________________________

____

____

Cognitive development

What activities involve use of mental functions? ______________

____

____

What types of information does the client remember most easily?

____

____

What type of information does the client discuss with greatest ease?

____

____

What activity is done most frequently?

Health promotion

What medications is the person taking?

What is the sleep pattern of the person?

What types of activities does the person participate in?

Describe the person's exercise schedule.

How frequently does the person bathe?

When was the last DT immunization?

Have any of the warning signs of cancer been noticed?

Does the person perform monthly breast/testicular exams? ________

____

____

Does the person's sex life meet his/her expectations? ________

____

____

How often does the person experience minor ailments? ________

____

____

Does a chronic disease condition exist? If so, what? ________

____

____

Has the person been hospitalized in the last year? Explain the circumstances. ________

____

____

What health practices does the person feel help him/her? ________

____

____

What areas does the person feel he/she could improve health practices? ________

____

____

What observed areas might improve the persons health? ________

____

____

Nutrition

Have the person complete an estimation of the previous day's consumption of food. (If unusual circumstances exist, it may be necessary to ask for 2 days ago as well.)

Are the foods the person eats, high in cholesterol, salt, or sugar?

____

____

Describe the schedule of eating by this person. __________________

____

____

What methods of food preparation are used by the person? ________

____

____

Are foods from the 4 food groups eaten? ______________________

____

____

What vitamins does the client take? __________________________

____

____

What effect does income have on food intake? _________________

____

____

Safety

Does the person always wear a seatbelt? ______________________

____

Have any safety related injuries occurred to this person in the last year? ______________________________

____

____

Has a crime been committed against this person in the last year?

____

____

If on medication, describe how the person stores and takes the medication. ______________________________

____

Are drugs and/or alcohol used? How often? How much? __________

____

____

Is the home safe for an older person? ____________________

____

____

What plans are made to deal with emergencies? ______________

____

____

Role and Relationship

Is the person married? ______________________________

____

What is the relationship with children? ____________________

____

____

With whom does the person socialize? ______________________

____

____

Does the person have family support? ______________________

____

____

Have the person describe what makes him/her important at this time of life.____

____

____

(Refer to description of household made previously.) Who makes decisions in the household? ______________________________

____

____

What role does the person fulfill in the household? ______________

____

____

If living alone, who maintains contact with this person?____________

____

____

ASSIGNMENT SHEET 3

CARING FOR OLDER ADULTS

VII

Name ______________________________ Score ____________

OBJECTIVE 16 **Evaluate a home for older adult safety.**

INTRODUCTION The older person has a high incidence of injuries within the home. This assignment will help you both identify these risks and make plans to prevent them.

DIRECTIONS Choose a client or an older adult volunteer to use for the evaluation. Complete the questionnaire and write the summary and suggestions asked for.

Language
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Composition
- Use complete sentences
- Proofread and edit

Cognitive Activities
- Create a finished product
- Transfer knowledge/training to new situations

PERSONAL FACTORS

Visual deficiency	YES	NO
Hearing deficiency	YES	NO
Tactile deficiency	YES	NO
Osteoporosis	YES	NO
Tremors	YES	NO
One sided weakness	YES	NO
Mobility compromised	YES	NO
Slowed response	YES	NO

Others (specify) ____

____

____

HOME FACTORS

Bathroom

Safety rail in tub	YES	NO
Slick floors	YES	NO
Non-slip surface in tub	YES	NO

Shower chair available	**YES**	**NO**
Hot water temp less than 110 degrees	**YES**	**NO**
Electrical appliances plugged in	**YES**	**NO**
Rails or support near toilet	**YES**	**NO**
Kitchen		
Gas stove	**YES**	**NO**
Electric stove	**YES**	**NO**
Usable items accessible	**YES**	**NO**
Knives stored safely	**YES**	**NO**
No cloth over stove surface	**YES**	**NO**
No insects on cabinets	**YES**	**NO**
Surfaces clean	**YES**	**NO**
General		
Adequate lighting	**YES**	**NO**
Night light used	**YES**	**NO**
Furniture proper height	**YES**	**NO**
Chairs have arms	**YES**	**NO**
Furniture stable	**YES**	**NO**
Throw rugs	**YES**	**NO**
Slick flooring	**YES**	**NO**
Hand rails	**YES**	**NO**
Stairs	**YES**	**NO**
Smoke alarms	**YES**	**NO**
Wires safe	**YES**	**NO**
Appliances unplugged	**YES**	**NO**
Medications stored safely	**YES**	**NO**
Clear pathways	**YES**	**NO**

Other ______________________________

____

____

Using the information obtained write a brief summary of the safety of the house you have observed. Write recommendations that could help prevent injuries to the older person in that house.

Brief Summary ______________________________

____

____

____

____

____

____

Recommendations ______________________________

____

____

____

____

____

____

____

ASSIGNMENT SHEET 4

CARING FOR OLDER ADULTS

VII

Name ______________________________ Score ____________

OBJECTIVE 17

Prepare a list of resources for older adults.

INTRODUCTION

The role of the professional care provider frequently includes sharing information regarding community resources that are available to the older adult. The problems and conditions list below represent a few of the problems encountered by the elderly. The professional care provider must continually seek out new resources that better serve the needs of the older adult population.

DIRECTIONS

Each of the scenarios in Part 1 describes a client and his or her needs. Decide what resources are available that would help the client. In Part 2, read the list of chronic conditions and identify potential resources. Provide thorough lists of potential resources for both parts.

Research and Reference
- Select useful resources

Cognitive Activities
- Collect/record information
- Transfer knowledge/ training to new situations

Part I

Situation 1

Mrs. Nyugen, 73 has recently had a CVA. She has always lived with her son's family. All of the members of the family either work or go to school. The family would like to find someone to care for her while they are not home. What resources can help?

____

____

____

____

Situation 2

Mr. Delgado 93, lives alone. His wife died a month ago, and he has lost 10 pounds. When assessed, it was identified that he does not cook, so he has to eat only what he can find that is already prepared. What community resources are available to him?

____

____

____

____

Situation 3

Mrs. Cox, 87 has lived alone for 30 years. She maintained her home alone until it burned three nights ago. She received only minor burns and is to be discharged soon. What resources may be valuable to this person?

Part II

For each of the following chronic conditions list two resources available in your community.

Diabetes ____________________

Emphysema ____________________

Osteoporosis ____________________

Congestive Heart Failure ____________________

Cancer ____________________

Hemiplegia after CVA ____________________

ASSIGNMENT SHEET 5

CARING FOR OLDER ADULTS

VII

Name ______________________________ Score ____________

OBJECTIVE 18

Compile a list of resocialization activities for isolated older adults.

INTRODUCTION

The older adult may become isolated in many ways. Sometimes older adults who might prefer to be with others do not know what activities and options are available. Therefore, they are not participating in the activities that will help them socialize.

DIRECTIONS

This assignment is designed for you to create options which the isolated older adult may explore in the process of resocialization. This is highly individualized; you may create a situation or use a real person.

1. Describe the present social interaction of the person.

____

____

____

____

2. What is the person's goal for resocialization?

____

____

____

____

3. What neighborhood activities interest the person? (i.e., church, neighborhood associations, garden clubs, bridge clubs, etc.)

____

____

____

____

Language
- State ideas clearly

Listening
- Apply active listening skills

Interactive Communication
- Apply questioning techniques
- Conduct/receive interviews
- Communicate with clients, customers, patients

General Relating
- Interact with clients/customers/patients

Cognitive Activities

- Transfer knowledge/ training to new situations

Job Acquisition/ Development

- Deal effectively with customers/clients

4. Who serves as the person's present support group?

____

____

____

____

5. List activities that may be explored by this person which will increase socialization.

____

____

____

____

ASSIGNMENT ANSWERS

CARING FOR OLDER ADULTS VII

ASSIGNMENT SHEET 1

Answers will vary according to student but should show a thorough collection of data and comments should indicate assignment was completed in a thoughtful manner.

ASSIGNMENT SHEET 2

Answers will vary according to student but should indicate a thorough patient assessment.

ASSIGNMENT SHEET 3

Survey should be completed. Written answers will vary according to student but should indicate assignment was completed in an honest and thoughtful manner.

ASSIGNMENT SHEET 4

Suggested answers include:

Part I

Situation 1 Visiting Nurse Association, Home health care

Situation 2 Meals on wheels, Senior citizens center with meals

Situation 3 American Red Cross, Housing Authority

Part II

Diabetes—American Dietetic Association, Diabetes Association

Emphysema—American Lung Association

Osteoporosis—Arthritis Foundation

Congestive Heart Failure—American Heart Association

Cancer—American Cancer Society

Hemiplegia—Visiting Nurse Association

ASSIGNMENT SHEET 5

Answers will vary according to student but should indicate a thorough patient assessment.

WRITTEN
TEST

CARING FOR OLDER ADULTS

VII

Name ______________________________ Score ____________

OBJECTIVE 1

Match terms associated with growth and development of the older adult to their definitions. Write the letter of the correct answer in the blanks provided.

Part 1

_____ 1. Without teeth

_____ 2. Telling of past events

_____ 3. Decreased muscular nutrition

_____ 4. The time of growing old

_____ 5. Any characteristic of old age

_____ 6. A sense of completeness or soundness

_____ 7. A sense of futility or loss of hope

a. arteriosclerosis
b. atrophy
c. coherent
d. despair
e. edentulous
f. integrity
g. legitimacy
h. periodontal
i. reminiscing
j. senescence
k. senile

Part 2

_____ 1. The legal recognition of one person's responsibility for another person in regard to decisions about care or property

_____ 2. Valid, legal, not fraudulent

_____ 3. Condition in which the arteries lose elasticity and become "hardened"

_____ 4. The area surrounding the teeth; gums

_____ 5. Tooth decay associated with bacteria

_____ 6. Increase in size through overuse

_____ 7. In a logical or orderly way

a. arteriosclerosis

b. atrophy

c. coherent

d. dental caries

e. guardianship

f. hypertrophied

g. legitimacy

h. periodontal

i. reminiscing

j. senescence

k. senile

OBJECTIVE 2 **Select the word or phrase that completes statements about common physical changes found in the development of older adults.**

_____ 1. The theory that accounts for the physical effects of aging is ___.

a. Wear and tear
b. Endocrine system
c. Genetic pre-programming of cells
d. All of the above

_____ 2. The statement that is most accurate about height and weight in the elderly is ___.

a. Height remains the same, weight increases
b. Height remains the same, weight decreases
c. Height decreases, weight decreases
d. Height decreases, weight increases

_____ 3. The skin change of the older adult that causes nurses to need to increase caution during routine skin care is ___.

a. Drier
b. Thinner
c. Less elastic
d. Loss of body hair

_____ 4. The loss of bone mass puts the older adult at a greater risk for ___.

a. Bone cancer
b. Fractures
c. Immobility
d. All of the above

_____ 5. Loss of muscle tissue in older clients can be decreased by the professional care provider teaching them to ___.

a. Avoid unnecessary movement
b. Begin an aerobic program
c. Maintain light exercise
d. Allow family to perform passive range of motion

_____ 6. The change in the nervous system that often causes older adults to unknowingly injure themselves is ___.

a. Decrease in size of brain
b. Decrease in amount of water in the brain
c. Decrease in reception of sensation
d. All of the above

_____ 7. The statement that is CORRECT about changes in senses in the older adult is ___.

a. Taste and smell are less acute for some older adults
b. The eye is more able to adjust to changes in the amount of light (light accommodation)
c. The visual acuity remains at about the same level throughout the older adult period
d. Hearing loss is most frequently experienced by older women

_____ 8. The dental problem that is found more frequently in the older adult population than in other age groups is ___.

a. Dental caries
b. Periodontal disease
c. Fractures of the teeth
d. All of the above

_____ 9. The change that is NOT found in the older adult circulatory system is ___.

a. Decrease in cardiac output
b. Decreased efficient blood flow
c. Decrease in heart size
d. Decrease in ability to cope with emergency needs

_____ 10. The respiratory change that is related to an increase in respiratory infection among older adults is ___.

a. Cilia become less efficient
b. Breathing volume becomes less
c. Alveoli enlarge
d. Bronchioles are less elastic

_____ 11. The gastrointestinal result of aging that the nurse should assess frequently in the older adult is ___.

a. Diarrhea
b. Constipation
c. Nausea
d. Vomiting

_____ 12. Some older adults do not realize they are hungry because ___.

a. Poor dentition
b. Decreased gastric acid secretion
c. Loss of taste
d. Decrease in saliva

_____ 13. The hormone that decreases its action in the older adult is ___.

a. Insulin
b. Thyroxine
c. Aldosterone
d. All of the above

_____ 14. The statement that is true concerning the reproductive system of the older adult is ___.

a. Estrogen levels of women continue to decrease throughout the older adult period.
b. Women may be able to reproduce throughout the older adult period.
c. Testosterone levels remain constant throughout the older adult period.
d. Men may be able to reproduce throughout the older adult period.

OBJECTIVE 3

Select the word or phrase that completes statements about common aspects of psychosocial development of older adults. Write the letter of the correct answer in the blanks provided.

_____ 1. The purpose of reminiscing for the older adult is to ___.

a. Live in the past
b. Escape from the present
c. Evaluate the past as part of life
d. Assist younger people in remembering the past

_____ 2. The greatest indicator for the predicting behavior of an older adult is ___.

a. The physical illnesses affecting the person
b. Behavior in the past
c. Wellness teaching by the health team
d. Family expectations of the person

_____ 3. The professional care provider can assist the older client in dealing with change by ___.

a. Close assessment of adjustment
b. Providing for routine and stability
c. Implementing support measures
d. All of the above

OBJECTIVE 4

Describe cognitive development of older adults.

1. Why is it difficult to study the affects of aging on cognitive abilities?

____

____

____

2. Describe how physical changes affect the cognitive abilities in the older adult.

3. What is the important question asked about intellectual functioning in the older adult?

4. Relate the factors which play a part in assessment of cognitive abilities for the older adult.

OBJECTIVE 5

Select the word or phrase that completes statements about health promotion measures for older adults. Write the letter of the correct answer in the blanks provided.

_____ 1. For health promotion measures to be effective they must be chosen and implemented by the ___.

a. Family
b. Client
c. Health delivery team
d. Nurse

_____ 2. The statement that is most true concerning the need for sleep and rest of the older adult is ___.

a. The length of time for sleeping at night increases.
b. The older adult needs very little sleep.
c. A shorter interval at night and occasional naps are most common.
d. Most older adults sleep late in the morning.

_____ 3. The exercise that is most frequently recommended for the older adult is ___.

a. Jogging
b. Walking
c. Aerobics
d. Isometrics

_____ 4. The part of routine care that may actually cause harm in the older adult is ___.

a. Daily bath
b. Toothbrushing after meals
c. Daily flossing
d. All of the above

_____ 5. To avoid respiratory diseases the nurse can assist the older adult by ___.

a. Recommending annual flu vaccines
b. Assisting in identifying causes for past respiratory infections
c. Teaching pneumonia prevention
d. All of the above

_____ 6. The immunization that needs to be kept current for the older adult is ___.

a. Measles
b. Mumps
c. Hepatitis
d. Tetanus

_____ 7. The older adult should have an annual physical ___.

a. During a period of health
b. During an acute illness
c. On a regular schedule, regardless of health
d. An annual physical is not necessary for older adults

_____ 8. The role of the professional care provider in health promotion in the older adult includes ___.

a. Providing information to the client
b. Locating appropriate resources
c. Making initial contact with desired resources
d. All of the above

OBJECTIVE 6

Select the word or phrase that completes statements about appropriate nursing measures when administering medications. Write the letter of the correct answer in the blanks provided.

_____ 1. The role of the nurse in home administration of medication includes ___.

a. Teaching correct administration
b. Provide devices to help with accurate administration
c. Encourage relationship with a pharmacist
d. All of the above

_____ 2. The benefit of all medications of the older adult coming from one source is ___.

a. Decreases chance for unknown drug interaction
b. Provides consistent resource for drug information
c. Allows for detection of a problem with a medication
d. All of the above are benefits

_____ 3. Mrs. Gates is 83 and has poor visual acuity. She has been forgetting to take her heart medication that is prescribed for each morning. The measure that would be most appropriate for assisting with correct home medication is ___.

a. A calendar with large print
b. An alarm clock set for the time to take the medication
c. A medicine card to take home
d. A box at the side of the bed labeled "one each morning"

_____ 4. Most drug information about the effects of a medication on the older adult are appropriate for clients at age ___.

a. 55
b. 65
c. 75
d. 85

_____ 5. The best times for administration of oral medications is ___.

a. Upon awakening
b. With meals
c. At bedtime
d. None of the above

_____ 6. An older person receiving enteric coated capsules should have on his or her care plan to ___.

a. Observe stools for enteric capsules
b. Observe stools for occult blood
c. Observe for aspiration of medication
d. All of the above

OBJECTIVE 7

Select the word or phrase that completes statements about the effects of aging on eating patterns. Write the letter of the correct answer in the blanks provided.

_____ 1. The nutritional need that decreases during the older adult age is ___.

a. Protein
b. Carbohydrate
c. Vitamins
d. Calories

_____ 2. The food consistency that is most appropriate for the older adult is ___.

a. Liquid
b. Soft
c. Varied
d. Solid

_____ 3. The type of food that is eaten by older adults because they can taste it is ___.

a. Pie
b. Toast
c. Fried chicken
d. Cheese

____ 4. The challenge of adequate nutrition for the older client who lives alone is ___.

a. Obtaining others to eat with the client
b. Meeting nutritional needs while considering economic and psychological factors
c. Teaching the client to prepare healthy foods in substandard housing
d. None of the above

____ 5. Nutritional care in a long-term or acute setting should allow the older adult more ___.

a. Variety of choice
b. Methods of administration
c. Time to eat
d. None of the above

OBJECTIVE 8 **List reasons older adults are at a high risk for accidents.**

____

____

____

____

OBJECTIVE 9 **Select the word or phrase that completes statements about safety for the older adult.** Write the correct answer in the blanks provided.

____ 1. The room that poses the greatest threat for injury for the older adult is the ___.

a. Bedroom
b. Bathroom
c. Kitchen
d. Living room

____ 2. Precautions that can be taken to make the home safer include ___.

a. Turning down the hot water heater
b. Installing smoke detectors
c. Providing sufficient lighting
d. All of the above

_____ 3. The mobility device that is used least frequently in the older adult group is/are ___.

a. Cane
b. Walker
c. Crutches
d. Wheelchairs

_____ 4. In the teaching of mobility at home the professional care provider needs to include the ___.

a. Client
b. Family
c. Rehabilitative therapy team
d. All of the above

_____ 5. Hospital care of the elderly should include ___.

a. Smoking with direct supervision only
b. Routine safety measures
c. Night lights at all times
d. All of the above

OBJECTIVE 10 **Discuss legal/ethical aspects of care for older adults.**

1. What is necessary to change the legal status of responsibility from an older adult to a family member?

____

____

____

2. What nursing measures can prevent the legal charge of neglect?

____

____

____

3. What measures should be taken to ensure that an older adult understands a surgery or special procedure?

____

____

____

OBJECTIVE 11

Select true statements about the effects of hospitalization on older adults. Write an "X" in front of true statements.

_____ 1. The fear of hospitalization that becomes more realistic during the older adult period is the fear of loss of self-control.

_____ 2. Measures such as increased lighting and more time for activities for older adults can reduce their confusion.

_____ 3. A symptom that may increase confusion in the older person is incontinence.

_____ 4. For the older adult, DRGs have caused faster recovery rates.

_____ 5. The fear of hospitalization that becomes more realistic during the older adult period is the fear of separation.

_____ 6. A symptom that may increase confusion in the older person is constipation.

_____ 7. For the older adult, DRGs have caused longer hospitalization.

_____ 8. The fear of hospitalization that becomes more realistic during the older adult period is the fear of final loss of independence.

_____ 9. Measures such as increased lighting and more time for activities for older adults can reduce their anger.

_____ 10. A symptom that may increase confusion in the older person is diaphoresis.

_____ 11. For the older adult, DRGs have caused increased illness.

_____ 12. Measures such as increased lighting and more time for activities for older adults can reduce their withdrawal.

_____ 13. For the older adult, DRGs have caused need for intermediate care.

_____ 14. A symptom that may increase confusion in the older person is pain.

OBJECTIVE 12

Select the word or phrase that completes statements about the effects of long-term care on older adults. Write the letter of the correct answer in the blanks provided.

_____ 1. The primary factor in determining the acceptance of long-term care by the older adult is ___.

a. Reason for admission
b. Attitude toward family
c. Inclusion in the decision
d. Expected length of stay

_____ 2. The primary cause of the physical effects most frequently associated with long-term care is ___.

a. Immobility
b. Decubiti
c. Incontinence
d. Respiratory infections

_____ 3. The safety risk that is a big concern in long-term care is ___.

a. Burns
b. Falls
c. Infections
d. None of the above

OBJECTIVE 13

Describe role and relationship patterns of older adults

1. How does change affect the role of the older adult?

2. What role changes may occur at the death of a spouse?

____

____

____

____

____

____

3. What effect does retirement play in the role of the older adult?

____

____

____

____

____

____

NOTE: Objectives 14, 15, 16, 17, and 18 are evaluated on the job/assignment sheets in this unit. If you have not completed this component, see your instructor.

400

CARING FOR OLDER ADULTS

	Part 1	Part 2
OBJECTIVE 1	1. e	1. e
	2. i	2. g
	3. b	3. a
	4. j	4. h
	5. k	5. d
	6. f	6. f
	7. d	7. c
OBJECTIVE 2	1. d	8. c
	2. c	9. c
	3. b	10. a
	4. b	11. b
	5. c	12. b
	6. c	13. d
	7. a	14. d
OBJECTIVE 3	1. c	
	2. b	
	3. d	

OBJECTIVE 4

1. So many factors have contributed to the older person that age alone can not be determined to be a cause of most changes.
2. The decrease in senses such as vision and hearing impair the reception of information in such a way that cognitive abilities are affected.
3. Can this person adapt to the needs of his or her own daily life

4. Factors which play a part in cognitive abilities of the older adult include but are not limited to:

formal education

depression

physical impairments

life experiences

OBJECTIVE 5

1. b
2. c
3. b
4. a
5. d
6. d
7. a
8. d

OBJECTIVE 6

1. d
2. d
3. b
4. b
5. b
6. a

OBJECTIVE 7

1. d
2. b
3. a
4. b
5. c

OBJECTIVE 8

- Bone fragility
- Muscle weakness
- Poor vision
- Poor hearing
- Decreased speed of response

OBJECTIVE 9

1. b
2. d
3. c
4. d
5. d

OBJECTIVE 10

Sample answers include:

1. Ruling by the court
2. All health care staff should monitor the physical and mental safety of each client.
3. Communication should be adapted according to the individual needs of the client. All necessary steps should be made to ensure that the client understands.

OBJECTIVE 11

2, 8, 9, 13, 14

OBJECTIVE 12

1. c
2. a
3. b

OBJECTIVE 13

Sample answers include:

1. The many changes that affect the role of the older adult cause a need to focus on the role as an individual throughout the life span not on previously identified roles alone.
2. At the death of a spouse the role changes which may occur are loss of self-esteem, love, security and ability to provide for physical needs.
3. The effect of retirement on the role of the older adult ranges from euphoria to withdrawal. Value in society is frequently judged by contribution in the work setting. Some older persons continue to hold social esteem through volunteering.